

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 728924 (2)  
1. Corporation Name

VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 150 WILLOW RUN PO BOX 804 ORMOND BCH FL 32174-6144 32175  
Mailing Address: 150 WILLOW RUN PO BOX 804 ORMOND BCH FL 32174-6144 32175

3. Date Incorporated or Qualified: 02/25/1974  
3a. Date of Last Report: 07/27/1995  
4. FEI Number: 59-3258003  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
22. Suite, Apt. #, etc.: 27  
23. City & State: 28  
24. Zip: 32175 25. Country: 29. Zip: 32175 30. Country:

9. Name and Address of Current Registered Agent  
BOR KOWSKI, WINSTON  
WINSTON, K B  
120 E GRANADA AVE  
ORMOND BEACH FL 32176

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City: FL 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required w/ an reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: SHERIFF, ELINOR	11 TITLE: P	12 NAME: ERIK RYDEN
STREET ADDRESS: 883 VILLAGE DR	CITY-ST-ZIP: ORMOND BEACH FL	13 STREET ADDRESS: 855 WILLOW RUN	14 CITY-ST-ZIP: ORMOND BEACH, FL 32174
TITLE: <del>SHERIFF, ELINOR</del>	STREET ADDRESS: 883 VILLAGE DR	21 TITLE: <del>SHERIFF, ELINOR</del>	22 NAME: <del>SHERIFF, ELINOR</del>
STREET ADDRESS: 883 VILLAGE DR	CITY-ST-ZIP: ORMOND FL	23 STREET ADDRESS: <del>883 VILLAGE DR</del>	24 CITY-ST-ZIP: <del>ORMOND FL</del>
TITLE: S	NAME: MILNES, PAT	31 TITLE: T	32 NAME: LESTIE COLE LISO
STREET ADDRESS: 971 OLD MILL RUN	CITY-ST-ZIP: ORMOND BCH, FL 00000	33 STREET ADDRESS: 145 OLD MILL RUN	34 CITY-ST-ZIP: ORMOND BEACH, FL 32174
TITLE: <del>T</del>	NAME: JACKSON, KATH	41 TITLE: D	42 NAME: DANIEL WOLF
STREET ADDRESS: 844 WILLOW RUN	CITY-ST-ZIP: ORMOND BCH, FL 00000	43 STREET ADDRESS: 151 WILLOW RUN	44 CITY-ST-ZIP: ORMOND BCH FL
TITLE: D	NAME: RYDEN, ERIK	51 TITLE: D	52 NAME: KIM HAYES
STREET ADDRESS: 855 WILLOW RUN	CITY-ST-ZIP: ORMOND BCH, FL 00000	53 STREET ADDRESS: 406 QUAIL RUN	54 CITY-ST-ZIP: ORMOND BCH, FL
TITLE: <del>D</del>	NAME: DR. SHAPIRO, PHILIP	61 TITLE: D	62 NAME: RICHARD JONES
STREET ADDRESS: 140 OLD MIL RUN	CITY-ST-ZIP: ORMOND BCH FL	63 STREET ADDRESS: 871 OLD MILL RUN	64 CITY-ST-ZIP: ORMOND BCH FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 4/17/96

CR2E037 (12/95)