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Feb 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 728924 (2)

1. Corporation Name

VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

150 WILLOW RUN
PO BOX 804
ORMOND BCH FL 32175
US

150 WILLOW RUN
PO BOX 804
ORMOND BCH FL 32175-0804
US

3. Date Incorporated or Qualified
02/25/1974

3a. Date of Last Report
05/21/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3258003

Applied For
Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WINSTON, K B
120 E GRANADA AVE
ORMOND BEACH FL 32176

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

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P DELETE
NAME ~~RYDEN, ERIK~~ RICHARD JONES
STREET ADDRESS 855 WILLOW RUN 871 OLD MILL RUN
CITY-ST-ZIP ORMOND BEACH FL ORMOND BCH, FL 32174

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DELETE
NAME SHERIFF, ELINOR
STREET ADDRESS 883 VILLAGE DR
CITY-ST-ZIP ORMOND FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T DELETE
NAME LISO, LESLIE COLE
STREET ADDRESS 145 OLD MILL RUN
CITY-ST-ZIP ORMOND BCH, FL 00000

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME WOLF, DANIEL
STREET ADDRESS 151 WILLOW RUN
CITY-ST-ZIP ORMOND BCH, FL 00000

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME ~~RYDEN, ERIK~~
STREET ADDRESS 855 WILLOW RUN
CITY-ST-ZIP ORMOND BCH, FL 00000

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D DELETE
NAME DR. SHAPIRO, PHILIP
STREET ADDRESS 140 OLD MIL RUN
CITY-ST-ZIP ORMOND BCH FL

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Leslie Cole
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/97

904/677-5476

CR2E037 (9/96)