

FILE NOW: FILING FEE IS \$61.25,

FILED
May 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

3. Date Incorporated or Qualified
02/25/1974
4. FEI Number
59-3258003
Applied For Not Applicable

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

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

10. Name and Address of New Registered Agent
81 Name Elinor G. Sheriff
82 Street Address (P.O. Box Number is Not Acceptable) 883 Village Drive
83
84 City Ormond Beach FL 85 Zip Code 32174

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 Elinor G. Sheriff (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	JONES, RICHRD	
STREET ADDRESS	871 OLD MILL RUN	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHERIFF, ELINOR	
STREET ADDRESS	883 VILLAGE DR	
CITY-ST-ZIP	ORMOND FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LISO, LESLIE COLE	
STREET ADDRESS	145 OLD MILL RUN	
CITY-ST-ZIP	ORMOND BCH, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WOLF, DANIEL	
STREET ADDRESS	151 WILLOW RUN	
CITY-ST-ZIP	ORMOND BCH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DR. SHAPIRO, PHILIP	
STREET ADDRESS	140 OLD MIL RUN	
CITY-ST-ZIP	ORMOND BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Keqing A. Dillard	
1.3 STREET ADDRESS	846 Quail Run	
1.4 CITY-ST-ZIP	Ormond Beach, FL 32174	
2.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ELINOR SHERIFF	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Patricia Hazard	
4.3 STREET ADDRESS	846 Quail Run	
4.4 CITY-ST-ZIP	Ormond Beach, FL 32174	
5.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 [Signature] 4/11/98 (911) 1276-1132

CR2E037 (10/97)