

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90001 039 \*\*\*\*61.25

818962



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 728924**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3258003

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SHERIFF, ELINOR B  
 883 VILLAGE DRIVE  
 ORMOND BEACH FL 32174

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Elinor B Sheriff*

2-17-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	RD	<input checked="" type="checkbox"/> Delete
NAME	DILLARD, REGINA A	
STREET ADDRESS	846 QUAIL RUN	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHERIFF, ELINOR	
STREET ADDRESS	883 VILLAGE DR	
CITY-ST-ZIP	ORMOND FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAZARD, PATRICIA	
STREET ADDRESS	876 QUAIL RUN	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	VPD	<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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cliff Jackson	
STREET ADDRESS	844 Willow Run	
CITY-ST-ZIP	Ormond Beach FL 32174	
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elinor Sheriff	
STREET ADDRESS	883 Village Dr	
CITY-ST-ZIP	Ormond Beach FL 32174	
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia Hazard	
STREET ADDRESS	876 Quail Run	
CITY-ST-ZIP	Ormond Beach FL 32174	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dr. Philip Shapiro	
STREET ADDRESS	140 Old Mill Run	
CITY-ST-ZIP	Ormond Beach FL 32174	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Marcelle	
STREET ADDRESS	875 Willow Run	
CITY-ST-ZIP	Ormond Beach FL 32174	
TITLE	D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Crandall	
STREET ADDRESS	950 Old Mill Run	
CITY-ST-ZIP	Ormond Beach FL 32174	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Patricia Hazard*

REQUIRED PATRICIA HAZARD

2-17-00

904  
613-6632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)