

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90004 030 \*\*\*\*61.25

0069621

**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  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3258003**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHERIFF, ELINOR B**  
**883 VILLAGE DRIVE**  
**ORMOND BEACH FL 32174**

Name **Patricia Hazard**

Street Address (P.O. Box Number is Not Acceptable) **876 Quail Run**

City **O**

City **Ormond Beach**

FL

Zip Code **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

*Patricia H. Hazard*

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 NAME	PD JACKSON, CLIFF	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	844 WILLOW RUN	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE NAME	SD SHERIFF, ELINOR	<input type="checkbox"/> Delete
STREET ADDRESS	883 VILLAGE DR	
CITY-ST-ZIP	ORMOND FL	
TITLE NAME	TD HAZARD, PATRICIA	<input type="checkbox"/> Delete
STREET ADDRESS	876 QUAIL RUN	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE NAME	D DR. SHAPIRO, PHILIP	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	140 OLD MIL RUN	
CITY-ST-ZIP	ORMOND BCH FL	
TITLE NAME	D SHERIFF, JAMIE	<input type="checkbox"/> Delete
STREET ADDRESS	912 VILLAGE DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE NAME	DVP CRANDALL, JIM	<input type="checkbox"/> Delete
STREET ADDRESS	950 OLD MILL RUN	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

TITLE NAME	PD Daniel Wolf	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	151 Willow Run	
CITY-ST-ZIP	Ormond Beach FL 32174	
TITLE NAME	Dick Jones	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	871 Old Mill Run	
CITY-ST-ZIP	Ormond Beach FL 32174	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 H. Hazard*

*Patricia H. Hazard 3/21/02 (380) 613-6632*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)