

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # 728924
 1. Entity Name
VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 150 WILLOW RUN PO BOX 804 ORMOND BCH, FL 32175 US	Mailing Address 150 WILLOW RUN PO BOX 804 ORMOND BCH, FL 32175 US
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01112005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-3258003	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HAZARD, PATRICIA
 876 QUAIL RUN
 ORMOND BEACH, FL 32174

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Patricia Hazard DATE: 1-16-05
Signature, typed or printed name of registered agent and fee # applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, DICK 871 OLD MILL RUN ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAZARD, PATRICIA 876 QUAIL RUN ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLF, DANIEL 151 WILLOW RUN ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERIFF, JAMIE 912 VILLAGE DRIVE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CRANDALL, JIM 950 OLD MILL RUN ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, ED 961 OLD MILL RUN ORMOND BEACH, FL 32174

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 01/21/05-80040-014 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Patricia Hazard DATE: 1-16-05 386 290 9170
Signature and typed or printed name of signing officer or director Daytime Phone #