

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90049 044 ****61.25

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			
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
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HAZARD, PATRICIA 876 QUAIL RUN ORMOND BEACH, FL 32174				Name MARISEL ALEMAN	
				Street Address (P.O. Box Number is Not Acceptable) PO Box 804	
				906 QUAIL RUN	
				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Marisel Aleman Treasurer</u> 1/16/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, DICK 871 OLD MILL RUN ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE Lee, Edward <input type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 804 961 OLD MILL RUN Ormond Beach FL 32174		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAZARD, PATRICIA 876 QUAIL RUN ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TE Aleman, Marisel <input type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 804 906 QUAIL RUN. Ormond Beach FL 32174		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLF, DANIEL 151 WILLOW RUN ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERIFF, JAMIE 912 VILLAGE DRIVE ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CRANDALL, JIM 950 OLD MILL RUN ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, ED 961 OLD MILL RUN ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Ed Lee</u>		Date: 1-16-06		Daytime Phone #: 386-804-8143	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					