


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90030 002 ****61.25

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

Principal Place of Business	Mailing Address
C/O SOUTHEAST MANAGEMENT SERVICES, INC. 3511 S. PENINSULA DRIVE PORT ORANGE FL 32127 US	C/O SOUTHEAST MANAGEMENT SERVICES, INC. 3511 S. PENINSULA DRIVE PORT ORANGE FL 32127 US



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-3258003	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ALEMAN, MARISEL 906 QUAIL RUN ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent
Name LYNN C. BECKER / SOUTHEAST MGMT.
Street Address (P.O. Box Number is Not Acceptable) 3511 S. PENINSULA DR.
City PORT ORANGE, FL Zip Code 32127

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>Lynn C. Becker</u> DATE <u>2/20/07</u>

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	LEE, EDWARD
STREET ADDRESS	961 OLD MILL RUN
CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE	T
NAME	ALEMAN, MARISEL
STREET ADDRESS	906 QUAIL RUN
CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE	DVP
NAME	CRANDALL, JIM
STREET ADDRESS	950 OLD MILL RUN
CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P
NAME	JONES, RICHARD
STREET ADDRESS	871 OLD MILL RUN
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	S
NAME	EATON, EDITH
STREET ADDRESS	190 QUAIL RUN
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	D
NAME	GIORDANO, THOM
STREET ADDRESS	882 VILLAGE DR.
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	D
NAME	MARCELLE, SCOTT
STREET ADDRESS	875 WILLOW RUN
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	D
NAME	HAYES, MARC
STREET ADDRESS	906 QUAIL RUN
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	D
NAME	ALLMAN, ANDY
STREET ADDRESS	953 VILLAGE DR.
CITY-ST-ZIP	ORMOND BEACH, FL 32174

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.
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SIGNATURE: <u>Lynn C. Becker / Agent</u> DATE <u>2/20/07</u> 386-761-5733 XT22
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