
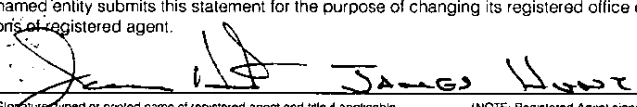
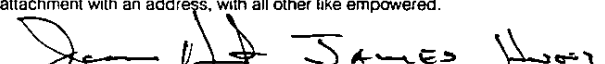


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90027 007 ****61.25

DOCUMENT # 728924 1. Entity Name VILLAGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O SOUTHEAST MANAGEMENT SERVICES, INC. 3511 S. PENINSULA DRIVE PORT ORANGE, FL 32127 US			Mailing Address 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.			
City & State		City & State			
Zip Country		Zip Country		4. FEI Number 59-3258003	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LYNN C. BECKER SOUTHEAST MGMT. 3511 S. PENINSULA DR. PORT ORANGE, FL 32127					
7. Name and Address of New Registered Agent Name JAMES HUNT 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  JAMES HUNT 1-9-08 <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, 2008		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, RICHARD <input type="checkbox"/> Delete 871 OLD MILL RUN ORMOND BEACH, FL 32174				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALEMAN, MARISEL <input checked="" type="checkbox"/> Delete 906 QUAIL RUN ORMOND BEACH, FL 32174				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EATON, EDITH <input type="checkbox"/> Delete 190 QUAIL RUN ORMOND BEACH, FL 32174				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIORDANO, THOM <input type="checkbox"/> Delete 882 VILLAGE DR. ORMOND BEACH, FL 32174				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCELLE, SCOTT <input type="checkbox"/> Delete 875 WILLOW RUN ORMOND BEACH, FL 32174				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, MARC <input checked="" type="checkbox"/> Delete 906 QUAIL RUN ORMOND BEACH, FL 32174				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
T TREE HAZARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 876 QUAIL RUN ORMOND BEACH, FL 32174					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
D Ruth Lopez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 911 Old Mill Run ORMOND BEACH, FL 32174					
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:  JAMES HUNT 1-9-08 (386) 761-5733 x29 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					