

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90643 036 ****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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3258003** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HAZARD, PATRICIA
876 QUAIL RUN QUAIL
ORMOND BEACH FL 32174**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 H. Hazard DATE 3.20.03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SHERIFF, ELINOR	
STREET ADDRESS	883 VILLAGE DR	
CITY-ST-ZIP	ORMOND FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HAZARD, PATRICIA	
STREET ADDRESS	876 QUAIL RUN	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WOLF, DANIEL	
STREET ADDRESS	151 WILLOW RUN	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHERIFF, JAMIE	
STREET ADDRESS	912 VILLAGE DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	CRANDALL, JIM	
STREET ADDRESS	950 OLD MILL RUN	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICK JONES	
STREET ADDRESS	871 Old Mill Run	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rick Bayliff	
STREET ADDRESS	951 Old Mill Run	
CITY-ST-ZIP	Ormond Beach FL 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 **REQUIRED** 3.20.03 (386) 676-7862

CR2E037 (10/02)