# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**May 14, 2008 8:00 am**
**Secretary of State**
05-14-2008 90019 011 ****75.00

DOCUMENT # 735227

1. Entity Name

THE VILLAGERS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3018 GRANADA BLVD<br>CORAL GABLES FL 33134<br>US | P.O. BOX 141843<br>CORAL GABLES FL 33114-1843<br>US |

1st MOORE CR2E037 (10/07)

| 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 59-1764157 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| BOUNDS, BRUCE<br>3241 RIVIERA DR.<br>MIAMI FL 33134 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2008**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>COLLINS, MARTA ANN<br>525 N.E. 101 ST<br>MIAMI SHORES FL 33138 | ☑ Delete | President Elizabeth Juerling<br>9395 S.W. 91 Street<br>Miami FL 33176 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 2V<br>NOPPENBERG, JANE<br>5850 SW 100TH ST<br>MIAMI FL 33156 | ☑ Delete | 3rd VP<br>Dolly Mac Intyre<br>400 Viscaya Ave.<br>Coral Gables FL 33134 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>JUERLING, ELIZABETH<br>9395 S.W. 91 ST<br>MIAMI FL 33176 | ☐ Delete | VP<br>Linda Hertz<br>1254 Ortega Ave.<br>Coral Gables, FL 33134 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>HODGES, VERNA<br>1700 N.E. 105 ST #101<br>MIAMI FL 33138 | ☑ Delete | Treasurer<br>Patricia Mederos<br>9300 SW 62 Ct.<br>Miami FL 33156 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 2V<br>CLYATT, ANN MARIE<br>5421 S.W. 63RD CT<br>SOUTH MIAMI FL 33155 | ☑ Delete | 2V<br>Thane Madison<br>11111 NW 71 St.<br>Doral, FL 33178 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

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.

**SIGNATURE:** Patricia G Mederos 4/24/08
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL DATE