

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 740647

1. Entity Name
THE VILLAGE CENTER OWNERS ASSOCIATION, INC.



Principal Place of Business

**VILLA #4, AMELIA ISLAND PLANTATION
P.O. BOX 8051
FERNANDINA BEACH, FL 32034-5051**

Mailing Address

**VILLA #4, AMELIA ISLAND PLANTATION
P.O. BOX 8051
FERNANDINA BEACH, FL 32034-5051**



01092006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2959893

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WOOD, MARSHALL E.
303 CENTRE ST., SUITE 200
FERNANDINA BEACH, FL 32034**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	KOLAR, JANET
STREET ADDRESS	36 SEA MARSH
CITY - ST - ZIP	FERNANDINA BEACH, FL
TITLE	D
NAME	DOBROSKY, DINA
STREET ADDRESS	328 N 15TH ST
CITY - ST - ZIP	FERNANDINA BEACH, FL 32034
TITLE	D
NAME	BYRD, DABNEY
STREET ADDRESS	23 HARRISON CREEK RD
CITY - ST - ZIP	AMELIA ISLAND, FL 32034
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000444633
03/07/06-80010-010 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janet H. Kolar
Janet H. Kolar

2-20-06

904 261 7976

Date

Daytime Phone #