2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT #740647 03-16-2007 90039 033 ****61.25 THE VILLAGE CENTER OWNERS ASSOCIATION, INC. Mailing Address Principal Place of Business **VILLA #4, AMELIA ISLAND PLANTATION** VILLA #4, AMELIA ISLAND PLANTATION SAAAAA P.O. BOX 8051 P.O. BOX 8051 AMELIA ISLAND, FL 32034-5051 AMELIA ISLAND, FL 32034-5051 2. Principal Place of Business - No P.O. Box # P 0 Bo) Suite, Apt. #, etc. Suite, Apt. #, etc. 02092007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2959893 City & State Applied For Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Regis 7. Name and Address of New Registered Agent Name GREGORY, DAVID B 3000 FIRST COAST HIGHWAY Street Address (P.O. Box Number is Not Acceptable) AMELIA ISLAND, FL 32034 City Zip Code FI 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 (NOTE: Registered Agent signature required when ret-DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Due by May 1, 2007 Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TD **X**Delete TITLE TILE Change ■ Addition KOLAR JANET MASSE NAME STREET ADDRESS 36 SEA MARSH STREET ADVISESS CITY-ST-7IP FERNANDINA BEACH, FL CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME DOBROSKY, DINA NAME STREET ADDRESS 328 N 15TH ST STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH, FL 32034 CITY-ST-70P TITLE D) Detete TITLE ☐ Chance ☐ Addition BYRD, DABNEY NAME NAME STREET ADDRESS 23 HARRISON CREEK RD STREET ADDRESS CITY-ST-ZIP AMELIA ISLAND, FL 32034 CITY-ST-7P TITLE ☐ Defete TILE Change Addition Healan, Jack 3000 First Coast Highway NAME NAME STREET ADDRESS STREET ADDRESS Amelia Island, FL 32034 CITY-ST-ZIE CITY-ST-78 TITLE ☐ Detete TIME ☐ Change **Addition** Bray, S. Norman 3000 First Coast Highway NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF Amelia Island, FL 32034 CITY-ST-ZIP TITLE ☐ Delete TIBE ☐ Change **Addition** Palmisano, Laura 3000 First Coast Highway NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-78 CITY-ST-21P Amelia Island, FL 32034 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 expowered to execute fits 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 addyss, with all other life tempowered. m SIGNATURE: SIGNATURE AND TYPED OR P G OFFICER OR DIRECTOR Daytime Phone

FILED

Mar 16, 2007 8:00 am