


FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90039 033 ****61 25

DOCUMENT # 740647 1. Entity Name THE VILLAGE CENTER OWNERS ASSOCIATION, INC.			Secretary of State 03-16-2007 90039 033 ****61.25
Principal Place of Business VILLA #4, AMELIA ISLAND PLANTATION P.O. BOX 8051 AMELIA ISLAND, FL 32034-5051		Mailing Address VILLA #4, AMELIA ISLAND PLANTATION P.O. BOX 8051 AMELIA ISLAND, FL 32034-5051	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box Suite, Apt. #, etc.	
City & State Zip Country		City & State Amelia Island, FL. Zip Country 32035	
6. Name and Address of Current Registered Agent GREGORY, DAVID B 3000 FIRST COAST HIGHWAY AMELIA ISLAND, FL 32034		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 reinstating) _____ DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD KOLAR, JANET 36 SEA MARSH FERNANDINA BEACH, FL	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
<input checked="" type="checkbox"/> Delete			
TITLE	D DOBROSKY, DINA 328 N 15TH ST FERNANDINA BEACH, FL 32034	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
<input checked="" type="checkbox"/> Delete			
TITLE	D BYRD, DABNEY 23 HARRISON CREEK RD AMELIA ISLAND, FL 32034	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
<input checked="" type="checkbox"/> Delete			
TITLE		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
<input type="checkbox"/> Delete			
TITLE		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
<input type="checkbox"/> Delete			
TITLE		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
<input type="checkbox"/> Delete			
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 filers empowered.			
SIGNATURE: _____ <div style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</div>		<div style="text-align: right;">3/1/07 Date</div> <div style="text-align: right;">Daytime Phone #</div>	