


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90030 022 ****61.25

DOCUMENT # 740647 1. Entity Name THE VILLAGE CENTER OWNERS ASSOCIATION, INC.					
Principal Place of Business VILLA #4, AMELIA ISLAND PLANTATION P.O. BOX 8051 AMELIA ISLAND, FL 32034-5051				Mailing Address P.O. BOX 8051 AMELIA ISLAND, FL 32034-5051	
2. Principal Place of Business - No P.O. Box # c/o Amelia Island Mgmt		3. Mailing Address c/o Amelia Island Mgmt			
Suite, Apt. #, etc. 3000 First Coast Hwy		Suite, Apt. #, etc. 3000 First Coast Hwy			
City & State Amelia Island, FL 32034		City & State Amelia Island, FL 32034		4. FEI Number 34 59-2959893	
Zip 32034		Country FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 Jack B. Healan, Jr. Street Address (P.O. Box Number is Not Acceptable) 3000 First Coast Hwy City Amelia Island, FL Zip Code 32034	
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 Jack B. Healan, Jr. 3/11/08 <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD HEALAN, JACK 3000 FIRST COAST HIGHWAY AMELIA ISLAND, FL 32034	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NORMAN, BRAY S 3000 FIRST COAST HIGHWAY AMELIA ISLAND, FL 32034	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PALMISANO, LAURA 3000 FIRST COAST HIGHWAY AMELIA ISLAND, FL 32034	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS 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 like empowered.					
SIGNATURE: Jack B. Healan, Jr. 3/11/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					