

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740647

FILED  
Jan 25, 2009  
Secretary of State

Entity Name: THE VILLAGE CENTER OWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

C/O AMELIA ISLAND MGMT  
3000 FIRST COAST HWY  
FERNANDINA BEACH, FL 32034

## New Principal Place of Business:

C/O AMELIA ISLAND MANAGEMENT  
3000 FIRST COAST HIGHWAY  
FERNANDINA BEACH, FL 32034

## Current Mailing Address:

C/O AMELIA ISLAND MGMT  
3000 FIRST COAST HWY  
FERNANDINA BEACH, FL 32034

## New Mailing Address:

C/O AMELIA ISLAND MANAGEMENT  
3000 FIRST COAST HIGHWAY  
FERNANDINA BEACH, FL 32034

FEI Number: 59-2959893

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HEALAN, JACK B JR  
3000 FIRST COAST HIGHWAY  
AMELIA ISLAND, FL 32034 US

## Name and Address of New Registered Agent:

MUIR, ROBERT C III  
AMELIA ISLAND MANAGEMENT  
3000 FIRST COAST HIGHWAY  
AMELIA ISLAND, FL 32034 US

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.

SIGNATURE: ROBERT C. MUIR, III

01/25/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HEALAN, JACK  
Address: 3000 FIRST COAST HIGHWAY  
City-St-Zip: AMELIA ISLAND, FL 32034

Title: VD ( ) Delete  
Name: NORMAN, BRAY S  
Address: 3000 FIRST COAST HIGHWAY  
City-St-Zip: AMELIA ISLAND, FL 32034

Title: STD ( ) Delete  
Name: PALMISANO, LAURA  
Address: 3000 FIRST COAST HIGHWAY  
City-St-Zip: AMELIA ISLAND, FL 32034

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK HEALAN

P

01/25/2009

Electronic Signature of Signing Officer or Director

Date