

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745276

FILED  
Mar 21, 2012  
Secretary of State

Entity Name: ST. MARK VILLAGE, INC.

**Current Principal Place of Business:**

2655 NEBRASKA AVE.  
PALM HARBOR, FL 34684 US

**New Principal Place of Business:**

**Current Mailing Address:**

2655 NEBRASKA AVE.  
PALM HARBOR, FL 34684 US

**New Mailing Address:**

FEI Number: 59-1953357

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HUTFILZ, ED  
2655 NEBRASKA AVE.  
PALM HARBOR, FL 34684 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HUTFILZ II, ED MR.  
Address: 790 RUSTIC OAKS DR.  
City-St-Zip: PALM HARBOR, FL 34684

Title: CD  
Name: FRESH, DAVID  
Address: 8470 CROSSVILLE HWY.  
City-St-Zip: SPARTA, TN 38583

Title: VCTD  
Name: STAFFORD, WILLIAM MR  
Address: 2655 NEBRASKA AVE.  
City-St-Zip: PALM HARBOR, FL 34684

Title: D  
Name: WOODARD, DEBORAH MRS  
Address: 433 PAULA DRIVE SO.  
City-St-Zip: DUNEDIN, FL 34698

Title: SD  
Name: WOLKENHAUER, ALAN  
Address: 1519 MACAULIFFE LN  
City-St-Zip: PALM HARBOR, FL 34683

Title: D  
Name: LEHMAN, JOSEPH MR  
Address: 426 KNOLLWOOD ROAD  
City-St-Zip: TARPON SPRINGS, FL 34689

I hereby 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 all other like empowered.

SIGNATURE: ED HUTFILZ II

PD

03/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date