2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2005 8:00 am Secretary of State

 Entity Nam 	MENT # 746698 VILLAGE ASSOCIATION	N, INCORPORATED			(03-21-2005	90107 00)8 ****61.	25	
Principal Place of Business 7025 FAIRVIEW VILLAGE WINTER HAVEN, FL 33881 Mailing Address 7025 FAIRVIEW VILLAGE WINTER HAVEN, FL 33881					1 21 8 11 1 7 8 8 11 8 10	18 8 18 8 18 18 18	EN EKRIN RIGIT EN	50028	3843 	
Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc. Suite, Apt. #, etc.					03102005	Chg-NP	CR2E0	37 (10/03)		
City & State		City & State		4. FEI Number 59-19149	960 ·		J	plied For t Applicable		
Zip	Country	Zip	Country		5. Certificate of	Status Desired		\$8.75 Add Fee Required		
	6. Name and Address of Currer	nt Registered Agent			7. Name and Ad	idress of New	Registered	Agent		
COLLINS, THOMAS A. 230 SECOND ST., S.W. WINTER HAVEN, FL. 33880			Stre	Name Karen Francer Street Address (P.O. Box Number is Not Acceptable)						
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the obligat	named entity submits this statement ions of registered agent.	for the purpose of changing its	registered office	ce or register	red agent, or both,	in the State of F	iorida. I am	familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	: Registered Agent	signature required	when reinstating)		DATE			
SIGNATURE .	Signature, typed or printed name of registered age Filling Fee is \$61,25 Due by May 1, 2005	9. Election Cam Trust Fund C	paign Financi	· · · · · · · · · · · · · · · · · · ·	\$5.00 May Be Added to Fees		Make chec	k payable to		
10.	Filing Fee is \$61,25	9. Election Cam Trust Fund C	paign Financi	ing	\$5.00 May Be	Flo	Make chec orida Depa	rtment of St	ate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: KOTON STOLL AND THE DESIGNATION OF SIGNATURE AND THE DESIGNATURE AND THE DESIGNATION OF SIGNATURE AND THE DESIGNATURE AND THE DESIGNATION OF SIGNATURE AND THE DESIGNATURE AND THE DESIGNATION OF SIGNATURE AND THE SIGNATURE AND THE