

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90008 038 ****61.25

DOCUMENT # 751305 1. Entity Name VILLAGE WOODS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 10730 U.S. 19 SUITE 17 PORT RICHEY, FL 34668		Mailing Address 10730 U.S. 19 SUITE 17 PORT RICHEY, FL 34668	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. 720 Brooker Creek Blvd. #206		02222007 Chg-NP CR2E037 (12/06)	
City & State Oldsmar, FL 34677		4. FEI Number 59-2037249	
Zip 34677		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent QUALIFIED PROPERTY MANAGEMENT, INC. 10730 U.S. 19 SUITE 17 PORT RICHEY, FL 34668		7. Name and Address of New Registered Agent Name Scannavino, Inc. Street Address 720 Brooker Creek Blvd. #206 Oldsmar, FL 34677 City Oldsmar	
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 the registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE DOMINICK SCANNAVINO </div> <div style="width: 60%;"> (NOTE: Registered Agent signature required when reinstating) </div> </div>			
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	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME LEHMANN, ROBERT STREET ADDRESS 10730 US 19, STE 17 CITY-ST-ZIP PORT RICHEY, FL	<input checked="" type="checkbox"/> Delete	TITLE SD NAME WEBSTER, LEE STREET ADDRESS 12366 DEARBORN DR. CITY-ST-ZIP BAYONET POINT, FL 34667	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME DALIFOR, HENRY STREET ADDRESS 10730 US 19, STE 17 CITY-ST-ZIP PORT RICHEY, FL	<input checked="" type="checkbox"/> Delete	TITLE VD NAME BROWN, DAN STREET ADDRESS 12361 DEARBORN DR. CITY-ST-ZIP BAYONET POINT, FL 34667	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME BEEBE, JAMES STREET ADDRESS 10730 US 19, STE 17 CITY-ST-ZIP PORT RICHEY, FL	<input type="checkbox"/> Delete	TITLE D NAME R STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME ABRAHAM, ROBERT STREET ADDRESS 10730 US 19, STE 17 CITY-ST-ZIP PORT RICHEY, FL	<input checked="" type="checkbox"/> Delete	TITLE TD NAME RUDDY, FRANK STREET ADDRESS 7508 DANUBE DR. CITY-ST-ZIP BAYONET POINT, FL 34667	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME GREBLE, NORMA STREET ADDRESS 10730 US 19, STE 17 CITY-ST-ZIP PORT RICHEY, FL	<input type="checkbox"/> Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3-21-07 Date Daytime Phone #	