

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751471

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** VILLAGE OF EARL PROPERTY OWNERS ASSOCIATION,INC.

**Current Principal Place of Business:**

14217 CAROL MANOR DR.  
LARGO, FL 33774 US

**New Principal Place of Business:**

**Current Mailing Address:**

14210 CAROL MANOR DR.  
LARGO, FL 33774 US

**New Mailing Address:**

**FEI Number:** 59-2472794

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEVEN A. PIAZZA  
14210 CAROL MANOR DRIVE  
LARGO, FL 33774 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 ( ) Delete  
Name: COHEN, MEL  
Address: 14217 CAROL MANOR DRIVE  
City-St-Zip: LARGO, FL

Title: SD ( ) Delete  
Name: COHEN, JAN  
Address: 14217 CAROL MANOR DRIVE  
City-St-Zip: LARGO, FL

Title: D ( ) Delete  
Name: PIAZZA, STEVEN A  
Address: 14210 CAROL MANOR DR  
City-St-Zip: LARGO, FL

Title: VPD ( ) Delete  
Name: SCHULMAN, MIKE  
Address: 14223 CAROL MANOR DR  
City-St-Zip: LARGO, FL

**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:

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: STEVEN A PIAZZA

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date