

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90012 007 \*\*\*\*61.25

**DOCUMENT # 759104**

1. Entity Name

VILLAGE WEST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

5258 AVENIDA NAVARRA  
SARASOTA FL 34242

Mailing Address

PO BOX 35273  
SARASOTA FL 34242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2254402

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

ARGUS PROPERTY MGMT.  
2477 STICKNEY POINT RD #118A  
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME RACK, BETTY  
STREET ADDRESS 72 CAPENTER'S RIDGE  
CITY-ST-ZIP CINCINNATI OH 45241

TITLE TD ☐ Delete  
NAME JORDIN, MICHAEL  
STREET ADDRESS 5256 AVENIDA NAVARRA  
CITY-ST-ZIP SARASOTA FL 34242

TITLE TD ☐ Delete  
NAME NICHOLS, BARBARA  
STREET ADDRESS 5250 AVENIDA NAVARRA  
CITY-ST-ZIP SARASOTA FL 34242

TITLE PD ☐ Delete  
NAME JOBSON, DONNA  
STREET ADDRESS 4113 BLACK POOL RD.  
CITY-ST-ZIP ROCKVILLE MD 20853

TITLE D ☐ Delete  
NAME TURLEY, CATHY  
STREET ADDRESS 59 D AVON CIR.  
CITY-ST-ZIP RYE BROOK NY 10573

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Michael Jordan* MICHAEL JORDIN

3/14/2006 941-780-2900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #