

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90059 031 \*\*\*\*61.25

<b>DOCUMENT # 765833</b>					
<b>1. Entity Name</b> VILLAGE GREEN AT BAYMEADOWS ONE CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 7701 BAYMEADOW CIRCLE W JACKSONVILLE, FL 32256			<b>Mailing Address</b> 8641 BAYPINE ROAD, SUITE 1 JACKSONVILLE, FL 32256		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-2249689	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
PROPERTY SERVICES INC 8641 BAYPINE ROAD, SUITE 1 JACKSONVILLE, FL 32256			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> VP <b>NAME</b> LANCASTER, ROBERT <b>STREET ADDRESS</b> 7701 BAYMEADOWS CIR W 1166 <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> EFF, LOUIS <b>STREET ADDRESS</b> 7701 BAYMEADOWS CIR W 1133 <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Stowe, Carmina <b>STREET ADDRESS</b> 7701 Baymeadows Circle West #1141 <b>CITY-ST-ZIP</b> Jacksonville, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> STRATTON, KAY <b>STREET ADDRESS</b> 7701 BAYMEADOWS CIR WEST #1154 <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> Stratton, Kay <b>STREET ADDRESS</b> 7701 Baymeadows Circle West #1154 <b>CITY-ST-ZIP</b> Jacksonville, FL 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> WATKINS, RACHEL <b>STREET ADDRESS</b> 7701 BAYMEADOWS CIRCLE W #1162 <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> S <b>NAME</b> Brown, Joanna <b>STREET ADDRESS</b> 7701 Baymeadows Circle West #1138 <b>CITY-ST-ZIP</b> Jacksonville, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> T <b>NAME</b> Mary Land-Hughes <b>STREET ADDRESS</b> 7701 Baymeadows Circle W, #1165 <b>CITY-ST-ZIP</b> Jacksonville FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Jennifer Presson</i> <b>Jennifer Presson</b> 3/26/07 904 731-9500					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					