

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765834

1. Entity Name

VILLAGE GREEN AT BAYMEADOWS PROPERTY OWNERS ASSO

Principal Place of Business

200 EXECUTIVE WAY STE 111
PT VEDRA FL 32082
US

Mailing Address

PO BOX 2055
PT VEDRA FL 32004-2055
US

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 **59-2249685**

Applied For

Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EWING, JOHN T.
200 EXECUTIVE WAY STE 111
PT VEDRA FL 32082

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.

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**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME CRAIG, MIKE Delete
STREET ADDRESS 7623 BAYMEADOW CIR W, #2016
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE TD
NAME Lorraine Greene Change Addition
STREET ADDRESS 7623 Baymeadows Circle W. #2025
CITY-ST-ZIP Jacksonville, FL 32256

TITLE VD
NAME STANSELL, KATHLEEN Delete
STREET ADDRESS 7620 BAYMEADOWS CIRCLE #301
CITY-ST-ZIP JACKSONVILLE FL

TITLE D
NAME Karen Mason Change Addition
STREET ADDRESS 7701 Baymeadows Circle W #1168
CITY-ST-ZIP Jacksonville, FL 32256

TITLE TD
NAME HANRAHAN, JUDY Delete
STREET ADDRESS 7701 BAYNEADOWS CIRCLE SUITE 1082
CITY-ST-ZIP JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE SD
NAME MAIN, SANDRA Delete
STREET ADDRESS 7602 PUTTERS COVE DRIVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

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:

John T. Ewing PRES 4/24/05 904-280-7616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90390 028 ****61.25