

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90035 017 ****61.25

0006149

DOCUMENT # 765834

1. Entity Name

VILLAGE GREEN AT BAYMEADOWS PROPERTY OWNERS ASSO

Principal Place of Business

Mailing Address

200 EXECUTIVE WAY STE 111
 PT VEDRA FL 32082
 US

PO BOX 2055
 PT VEDRA FL 32004
 US

2. Principal Place of Business

3. Mailing Address

6028 CHESTER AVE
 Suite, Apt. #, etc.
 #202

P.O. Box 57911
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

JACKSONVILLE FL

JACKSONVILLE, FL

4. FEI Number

59-2249685

Applied For

Not Applicable

Zip

Country

Zip

Country

32217

US

32241

US

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: PATRICK R. PENN
 Street Address (P.O. Box Number is Not Acceptable): 6028 CHESTER AVE #202
 City: JACKSONVILLE FL Zip Code: 32217

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CRAIG, MIKE 7623 BAYMEADOW CIR W, #2016 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STANSELL, KATHLEEN 7620 BAYMEADOWS CIRCLE #301 JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAIN, SANDRA 7602 PUTTERS COVE DRIVE JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREENE, LORRAINE 7623 BAY MEADOWS CIRCLE WEST #2025 JACKSONVILLE FL 32256	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASON, KAREN 7701 BAYMEADOWS CIRCLE WEST #1168 JACKSONVILLE FL 32256	<input checked="" type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mike Craig 4/21/01
 MIKE CRAIG 4/21/01 904-260-9103

Date

Daytime Phone #

CR2E037 (10/00)