


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/29/2004-90247-007-\$61.25-\$61.25

DOCUMENT # 765834					
1. Entity Name VILLAGE GREEN AT BAYMEADOWS PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 8641 BAYPINE ROAD, SUITE 1 JACKSONVILLE, FL 32256			Mailing Address 8641 BAYPINE ROAD, SUITE 1 JACKSONVILLE, FL 32256		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
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	
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 re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STRATON, KAY		NAME	Karen Mason	
STREET ADDRESS	7701 BAYMEADOWS CIRCLE W. - SUITE 1154		STREET ADDRESS	7701 Baymeadows Circle W	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIPPEL, CAROLYN		NAME	Karen Mason	
STREET ADDRESS	1620 BAYMEADOW CIR W., #2241		STREET ADDRESS	7701 Baymeadows Circle W # 1168	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIDDENS, ROGER		NAME	Roger Giddens	
STREET ADDRESS	12319 AUTUMN BROOK TRAIL W.		STREET ADDRESS	12319 Autumn Brook Trail W.	
CITY-ST-ZIP	JACKSONVILLE, FL 32258		CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, JAMES		NAME		
STREET ADDRESS	7601 PUTTERS COVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Kathleen Starnell	
STREET ADDRESS			STREET ADDRESS	7610 Baymeadows Circle W # 201	
CITY-ST-ZIP			CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Kay V. Stratton</u>			Date: <u>4/27/04</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04222004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2249685 Applied For Not Applicable

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