


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 09, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90304 001 \*\*\*\*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**

**66022444**



2. Principal Place of Business  
**7628 Baymeadows Circle W**

3. Mailing Address  
 Suite, Apt. #, etc.:

04252005 Chg-NP CR2E037 (10/03)

City & State  
**Jacksonville FL**

City & State

Zip  
**32256**

Country  
**Duval**

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  
**PROPERTY SERVICES INC  
 8641 BAYPINE ROAD, SUITE 1  
 JACKSONVILLE, FL 32256**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD STRATON, KAY <input checked="" type="checkbox"/> Delete 7701 BAYMEADOWS CIRCLE W. - SUITE 1154 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MASON, KAREN <input checked="" type="checkbox"/> Delete 7701 BAYMEADOWS CIRCLE WEST #1168 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIDDENS, ROGER <input checked="" type="checkbox"/> Delete 12319 AUTUMN BROOK TRAIL W. JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FISHER, JAMES <input type="checkbox"/> Delete 7601 PUTTERS COVE JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STANSELL, KATHLEEN <input checked="" type="checkbox"/> Delete 7610 BAYMEADOWS CIRCLE W #301 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Andres Aguado <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7701 Baymeadows Circle W #1033 Jacksonville FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Shirley Connolly <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5744 Sandstone Way Jacksonville FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Lester Toppel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7628 Baymeadows Circle W #2052 Jacksonville FL, 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kathleen Stansell <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7610 Baymeadows Circle W #301 Jacksonville FL 32256
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)(X), 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: *Jessie D. Parnell* as agent 4/26/05 904-731-9500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Lester A. Toppel* Secty 6/9/05 904-448-9345