

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90339 035 ****61.25

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| DOCUMENT # 765834 | | | |  | |
| 1. Entity Name VILLAGE GREEN AT BAYMEADOWS PROPERTY OWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 7628 BAYMEADOWS CIRCLE W 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 | 4. FEI Number 59-2249685 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired. <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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: P NAME: AQUDELO, ANDREA STREET ADDRESS: 7701 BAYMEADOWS CIRCLE W, #1033 CITY-ST-ZIP: JACKSONVILLE, FL 32256 | <input checked="" type="checkbox"/> Delete | | TITLE: P NAME: Ken Hoddix STREET ADDRESS: 7610 Baymeadows Circle W #203 CITY-ST-ZIP: Jacksonville FL 32256 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE: V NAME: CONNOLLY, SHIRLEY STREET ADDRESS: 5794 SANDSTONE WAY CITY-ST-ZIP: JACKSONVILLE, FL 32258 | <input checked="" type="checkbox"/> Delete | | TITLE: S NAME: Rachel Watkins STREET ADDRESS: 7701 Baymeadows Circle W #1162 CITY-ST-ZIP: Jacksonville FL 32256 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE: S NAME: TOPPAL, LESTER STREET ADDRESS: 9623 BAYMEADOWS CIRCLE W, #2052 CITY-ST-ZIP: JACKSONVILLE, FL 32256 | <input checked="" type="checkbox"/> Delete | | TITLE: VP NAME: Gail Lewis STREET ADDRESS: 7623 Baymeadows Circle W #2074 CITY-ST-ZIP: Jacksonville FL 32256 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE: D NAME: STANSELL, KATHLEEN STREET ADDRESS: 7610 BAYMEADOWS CIRCLE W, #301 CITY-ST-ZIP: JACKSONVILLE, FL 32256 | <input checked="" type="checkbox"/> Delete | | TITLE: D NAME: Mary Land-Hughes STREET ADDRESS: 7701 Baymeadows Circle W #1165 CITY-ST-ZIP: Jacksonville FL 32256 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE: SD NAME: STANSELL, KATHLEEN STREET ADDRESS: 7610 BAYMEADOWS CIRCLE W #301 CITY-ST-ZIP: JACKSONVILLE, FL | <input checked="" type="checkbox"/> Delete | | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE: TD NAME: FISHER, JAMES STREET ADDRESS: 7601 PUTTERS COVE CITY-ST-ZIP: JACKSONVILLE, FL 32256 | <input type="checkbox"/> Delete | | 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 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. | | | | | |
| SIGNATURE:  | | | S.W. Register, Jr. 4/19/06 904.731.9500 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | Daytime Phone # |

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