


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90059 030 \*\*\*\*61.25

**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**

**40048194**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

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

01112007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**59-2249685**

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

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

**Filing Fee is \$81.25**  
**Due by May 1, 2007**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE  Delete  
 NAME **P HADDIX, KEN**  
 STREET ADDRESS **7610 BAYMEADOWS CIRCLE W #203**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S WATKINS, RACHEL**  
 STREET ADDRESS **7701 BAYMEADOWS CIRCLE W #1162**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE  Change  Addition  
 NAME **S Francis, Sharon**  
 STREET ADDRESS **7629 Putter's Cove Drive**  
 CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE  Delete  
 NAME **VP LEWIS, GAIL**  
 STREET ADDRESS **7623 BAYMEADOWS CIRCLE W #2074**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D HUGHES, MARY L**  
 STREET ADDRESS **7701 BAYMEADOWS CIRCLE W #1165**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD FISHER, JAMES**  
 STREET ADDRESS **7601 PUTTERS COVE**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE  Change  Addition  
 NAME **T Stratton, Kay**  
 STREET ADDRESS **7701 Baymeadows Circle West #1154**  
 CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:** Jennifer Presson 3/26/07 904 731 9500  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #