## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT DOCUMENT #765834** VILLAGE GREEN AT BAYMEADOWS PROPERTY OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address **7628 BAYONMEADOWS CIRCLE W** 8641 BAYPINE ROAD, SUITE 1 JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

2. Principal Place of Business - No P.O. Box #

Country

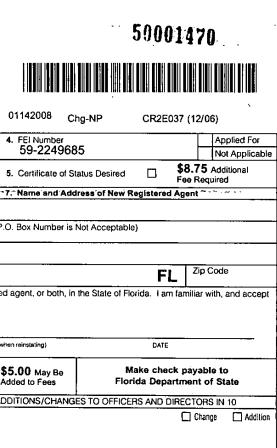
Suite, Apt. #, etc.

City & State

Zip

## **FILED** Mar 24, 2008 8:00 am Secretary of State

03-24-2008 90076 007 \*\*\*\*61.25



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)					
i									
			City			FL Z	p Code	;	
8. The above named entity submits this statement for the purpose of changing its registere				r regist	tered agent or both in		e with	and accord	
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									
DATE									
	Filing Fee is \$61.25	9. Election Campa		_ vo.vo may be		Make check payable to			
	Due by May 1, 2008	Trust Fund Con	tribution.		Added to Fees	Florida Departmen	t of St	ate	
10.	OFFICERS AND DIRECTORS		11.		ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTO	DRS IN	10	
TITLE	P NADDIA KEN	Delete Delete	TITLE				hange	Addition	
NAME STREET ADDRESS	HADDIX, KEN		NAME						
CITY-ST-ZIP	7610 BAYMEADOWS CIRCLE W #203 JACKSONVILLE, FL 32256		STREET ADDRESS						
			CITY-ST-ZIP	ļ					
TITLE	S CRANCIS SUABON	☐ Delete	TITLE				hange	☐ Addition	
NAME STREET ADDRESS	FRANCIS, SHARON		NAME						
CITY-ST-ZIP	7629 PUTTERS COVE DRIVE JACKSONVILLE, FL 32256		STREET ADDRESS						
	VP		CITY-ST-ZIP	ļ.——		<del></del>			
TITLE NAMÉ	LEWIS, GAIL	☐ Delete	TITLE	i		₽c	hange _	- ☐ Addition	
STREET ADDRESS	7623 BAYMEADOWS CIRCLE W #2074		NAME	'					
CITY-ST-ZIP	JACKSONVILLE, FL 32256		STREET ADDRESS CITY-ST-ZIP					Ï	
	D			2					
TITLE NAME	HUGHES, MARY L	☐ Delete	TITLE	-	d 11. a	<b>(2</b> 01 c	hange	Addition	
STREET ADDRESS	7701 BAYMEADOWS CIRCLE W #1165		NAME STREET ADORESS	Las.	ia- Hughes	, mary dows circle w =	<b></b>	e	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	100	or continea	aous circle w a	+11/Q.	<b>つ</b>	
TITLE	Т				eksonville,				
NAME .	STRATTON, KAY	☐ Delete	TITLE NAME	T	، ، ، حملاه	<b>20</b> c	hange	Addition	
STREET ADDRESS	7701 BAYMEADOWS CIRCLE WEST #154		STREET ADDRESS	777	atton, kay	ious circle us t	#115	u	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP					-	
TITLE		☐ Delete	TITLE	700	oksonville,				
NAME		□ Delete	NAME			□ C	nange	Addition	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP	1					
12. I hereby certify that the information supplied with this filling 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 tree 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 and made under the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee and made under the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee and made under the same legal effect as if made under oath; that I am an officer or director									

Country

changed, or on an attachment with an a th all other like empowered.

SIGNATURE:

BIGNATURE AND TREED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR