

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90159 020 ****61.25

DOCUMENT # 765834

1. Entity Name

**VILLAGE GREEN AT BAYMEADOWS PROPERTY OWNERS ASSO
CIATION, INC.**



Principal Place of Business

**6015 MORROW STREET
SUITE 107
JACKSONVILLE FL 32217
US**

Mailing Address

**6015 MORROW STREET
SUITE 107
JACKSONVILLE FL 32217
US**

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

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BANNING MANAGEMENT
6015 MORROW STREET
SUITE 107
JACKSONVILLE FL 32217**

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

FILE NOW: FEE IS \$61.25

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 **PD** Delete
NAME **STRATON, KAY**
STREET ADDRESS **7701 BAYMEADOWS CIRCLE W. - SUITE 1154**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **VD** Delete
NAME **MASON, KAREN**
STREET ADDRESS **7701 BAYMEADOW CIRCLE W. - SUITE 1168**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **SD** Delete
NAME **GIDDENS, ROSEA**
STREET ADDRESS **12319 AUTUMN BROOK TRAIL W.**
CITY-ST-ZIP **JACKSONVILLE FL 32258**

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** Change Addition
NAME **Carolyn Dippel**
STREET ADDRESS **1620 Baymeadows Cir W 241**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE Change Addition
NAME **G. GIDDENS, ROSEA**
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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 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: *[Handwritten Signature]*

[Handwritten Mark]

CR2E037 (10/02)