2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 769537

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FILED May 04, 2005 8:00 am Secretary of State 05-04-2005 90126 004 ****61.25

| VILLAGE | WEST C | OMMUNITY AS | SOCIATIO | ON, INC. | | | | | 03 0 1 20 | | | | |
|---|--|---|-------------------------|---------------------------------|---|---|--|--|------------------------|---|--|-------------------------------|------------------------------------|
| Principal Place of Business 4501 36TH AVE. WEST BRADENTON, FL 34209 Mailing Address 4501 36TH AVE. WEST BRADENTON, FL 34209 | | | | | | | | 1 (887) 580) | Billa (1118) Billa | ı insi irbi bigi | 11 BIBN BIBN 8 | 11 6.11 212 11 212 | 1117E1 E1 1301 |
| 2. Principal Place of Business 3 | | | 3. Maili | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suit | Suite, Apt. #, etc. | | | | 04252005 | Chg-NP | C | R2E037 | (10/03) | |
| City & State | | | City | City & State | | | | 4. FEI Numbe 59-2315 | | | *. | <u> </u> | oplied For ot Applicable |
| Zip Country | | | Zip | <u> </u> | | | | 5. Certificate of Status Desired | | | | | |
| 6. Name and Address of Current Registered Agent | | | | | | Name | | 7. Name and | Address of | New Regis | stered Ag | ent | |
| THORNE. | DONNA | | | | | Name | | | | | | | |
| THORNE, DONNA 3406 46TH ST WEST BRADENTON, FL 34209 | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | , | , | |
| | | | | | - | City | | | | | FL | Zip Cod | le |
| 8. The above | named entity | y submits this statemer | t for the purpo | ose of changing its | registered | d office or re | egistere | d agent, or both | n, in the Stat | e of Florida | | niliar with, | and accept |
| SIGNATURE | | or printed name of registered a | gent and title if appli | icable. (NOTE | : Régistered / | Agent signature | required v | when reinstating) | | | DATE | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | | | | | | | | | | | | |
| | _ | lay 1, 2005 | | 9. Election Cam Trust Fund C | ontributio | | J , | \$5.00 May Be Added to Fees | | Florida | check p Departm | ent of S | tate |
| 10. | Due by M | | DIRECTORS | | | on. | Al | \$5.00 May Be Added to Fees DDITIONS/CHA | | Florida | Departm | ent of S | tate |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SUTTON, 3405-45 S | lay 1, 2005 | DIRECTORS | | 11. TITLE NAME | on | 5D | Added to Fees DDITIONS/CHA | NGES TO C | Florida OFFICERS / | Departm AND DIRE | ent of S | tate |
| TITLE NAME STREET ADDRESS | SD SUTTON, 3405-45 S BRADENT PD BELLITTE 3305 45TH | OFFICERS AND RICHARD STREET WEST TON, FL 34209 ERA, ROBERT | DIRECTORS | Trust Fund C | 11. TITLE NAME STREET CITY-S TITLE NAME | T ADDRESS T ADDRESS | Andri 1708 1708 1708 1708 1709 1709 1709 1709 1709 1709 1709 1709 | Added to Fees DDITIONS/CHA TEA GU BUTH A BENTON CARDO A 34th | idry ve u FI 3 | Florida OFFICERS 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Departm AND DIRE | CTORS IN | tate |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | SD SUTTON, 3405-45 S BRADENT PD BELLITTE 3305 45TH BRADENT TD THORNE, 3406 46TH | OFFICERS AND RICHARD BTREET WEST TON, FL 34209 ERA, ROBERT H ST. W TON, FL 34209 | DIRECTORS | Trust Fund C | 11. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S | T ADDRESS T ADDRESS T ADDRESS T ADDRESS | Andri 1708 1708 1708 1708 1709 1709 1709 1709 1709 1709 1709 1709 | Added to Fees DDITIONS/CHA TEQ. GU 36th A Aenton | idry ve u FI 3 | Florida FFICERS / | Departm AND DIRE | CTORS IN Change | tate 1 10 Addition |
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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 of an attachment with an address, with all other like empowered.