

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770871

FILED  
Mar 29, 2010  
Secretary of State

**Entity Name:** VILLAGE DRIVE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

40 FOREST RD  
FLAGLER BEACH, FL 32136 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1946  
FLAGLER BEACH, FL 32136 US

**New Mailing Address:**

**FEI Number:** 59-2859414      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLAGLER PALM COAST PROPERTY MANAGEMENT, IN  
50 LEANNI WAY  
SUITE B6  
PALM COAST, FL 32137 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: KAPCZYNSKI, LORRAINE  
Address: 44 SEA VISTA DR.  
City-St-Zip: PALM COAST, FL 32137 US

Title: PD  
Name: PETOK, CHRISTINE  
Address: 55 VILLAGE DRIVE  
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: D  
Name: RIGGS, BECKY  
Address: 46 VILLAGE DRIVE  
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: VD  
Name: BADER, CAROL  
Address: 63 VILLAGE DRIVE  
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: TD  
Name: KAPCZYNSKI, JOSEPH  
Address: 44 SEA VISTA DRIVE  
City-St-Zip: PALM COAST, FL 32137 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTINE PETOK

PRES

03/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date