2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005
Secretary of State

DOCUMENT# N00000006381

Entity Name: V.P. HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

245 RIVERSIDE AVENUE
SUITE 500--ATTN. LEGAL DEPT
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-3700972 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARX, CHRISTINE M
245 RIVERSIDE AVENUE
SUITE 500
JACKSONVILLE, FL 32202 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: PD ( ) Delete
Name: GERSH, JEFFREY S
Address: 211 SPALDING WAY
City-St-Zip: DELAND, FL 32724

Title: DVT ( ) Delete
Name: GARDINER, WILLIAM
Address: 211 SPALDING WAY
City-St-Zip: DELAND, FL 32724

Title: SD ( ) Delete
Name: BERGER, PHIL
Address: 211 SPALDING WAY
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GERSH, JEFFREY S
Address: 1380 ORANGE CAMP RD BLDG C
City-St-Zip: DELAND, FL 32724

Title: DVT (X) Change ( ) Addition
Name: KAISER, DREW
Address: 1380 ORANGE CAMP RD BLDG C
City-St-Zip: DELAND, FL 32724

Title: SD (X) Change ( ) Addition
Name: BERGER, PHIL
Address: 1380 ORANGE CAMP RD BLDG C
City-St-Zip: DELAND, FL 32724

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JEFFREY S GERSH PD 04/21/2005

Electronic Signature of Signing Officer or Director — Date