

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006381

FILED
Apr 29, 2008
Secretary of State

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 - SUSAN WHITLATCH
JACKSONVILLE, FL 32202

New Mailing Address:

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

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: DP () Delete
Name: GERSH, JEFFREY S
Address: 1431 ORANGE CAMP ROAD
City-St-Zip: DELAND, FL 32724

Title: DST () Delete
Name: WALKER, BRAD
Address: 1431 ORANGE CAMP ROAD
City-St-Zip: DELAND, FL 32724

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D-P (X) Change () Addition
Name: DICK, MICHAEL
Address: 823 GRANVILLE DRIVE
City-St-Zip: WINTER PARK, FL 32789

Title: DVPT (X) Change () Addition
Name: COHEN, RANDY
Address: 213 SPALDING WAY
City-St-Zip: DELAND, FL 32724

Title: D-S () Change (X) Addition
Name: TURK, JOHN
Address: 116 RIDGEWAY BOULEVARD
City-St-Zip: DELAND, FL 32724

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RANDY COHEN

DVPT

04/29/2008

Electronic Signature of Signing Officer or Director

Date