

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90072 001 ****61.25

DOCUMENT # N01000001437

1. Entity Name
THE VILLAGE AT HOLMES BEACH ASSOCIATION, INC.



Principal Place of Business
**3909 E. BAY DRIVE STE 110
BRADENTON BEACH, FL 34217**

Mailing Address
**3909 E. BAY DRIVE STE 110
BRADENTON BEACH, FL 34217**

600006000



01232007 Chg-NP CR2E037 (12/06)

4. FEI Number
04-3614126 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**COOPER, BEN
3909 E. BAY DRIVE STE 110
BRADENTON BEACH, FL 34217**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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 T ☐ Delete
NAME ANDERSON, GAIL
STREET ADDRESS 10523 CHAMBERS DRIVE
CITY-ST-ZIP TAMPA, FL 33626

TITLE P ☐ Delete
NAME LOGAN, NJ
STREET ADDRESS 3816 6TH AVE
CITY-ST-ZIP HOLMES BCH, FL 34217

TITLE VP ☐ Delete
NAME MARTONE, JUDY
STREET ADDRESS STRAWBRIDGE LANE
CITY-ST-ZIP MANSFIELD, MA 02048

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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NAME
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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 exemptions contained 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 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:

Gail Anderson Treasurer

Date

1/26/07

Daytime Phone #