2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008
Secretary of State

DOCUMENT# N01000004468

Entity Name: VILLAGE "C" HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 691022
VERO BEACH, FL 32969

New Principal Place of Business:

412 N KEY LIME SQ SW
VERO BEACH, FL 32968

Current Mailing Address:

PO BOX 691022
VERO BEACH, FL 32969

New Mailing Address:

FEI Number: 59-3756144 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CASTELLUCCI, JOSEPH
412 N. KEYLIME SQUARE SW
VERO BEACH, FL 32968 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: CASTELLUCCI, JOSEPH
Address: 412 N. KEY LIME SQ SW
City-St-Zip: VERO BEACH, FL 32968

Title: TD ( ) Delete
Name: DEBLASE, THOMAS J.
Address: 471 S. KEY LIME SQ SW
City-St-Zip: VERO BEACH, FL 32968

Title: VPD ( ) Delete
Name: CONNORS, JON
Address: 439 E KEYLIME SQ. SW
City-St-Zip: VERO BEACH, FL 32968

Title: VPD ( ) Delete
Name: KROPF, FRED
Address: 467 E. KEY LIME SQ SW
City-St-Zip: VERO BEACH, FL 32968

Title: VPD ( ) Delete
Name: VACCARO, FRANK
Address: 451 E. KEYLIME SQUARE SW
City-St-Zip: VERO BEACH, FL 32968

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: BROUSSEAU, ROBERT A
Address: 388 W KEY LIME SQ SW
City-St-Zip: VERO BEACH, FL 32968

Title: VPD (X) Change ( ) Addition
Name: REMKE, JOHN A
Address: 416 N KEY LIME SQ SW
City-St-Zip: VERO BEACH, FL 32968

Title: VPD (X) Change ( ) Addition
Name: VELLA, JOHN
Address: 478 S KEY LIME SQ SW
City-St-Zip: VERO BEACH, FL 32968

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ROBERT A BROUSSEAU TD 05/09/2008

Electronic Signature of Signing Officer or Director — Date