

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006456

FILED
Apr 17, 2007
Secretary of State

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

Current Principal Place of Business:

2001 9TH AVENUE
308
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

2001 9TH AVENUE,
308
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 33-1018764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, WILLIAM F
2001 9TH AVENUE,
308
VERO BEACH, FL 32960 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: APRILE, LOUIS
Address: 5550 TANGERINE MANOR SW
City-St-Zip: VERO BEACH, FL 32968

Title: SD () Delete
Name: ANGELESTRO, ANTHONY
Address: 393 W. TANGERINE SQ. SW
City-St-Zip: VERO BEACH, FL 32960

Title: TD () Delete
Name: HOFFMAN, MARGARET
Address: 452 E. TANGERINE SQ. SW
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: APRILE, LOUIS
Address: 5550 TANGERINE MANOR SW
City-St-Zip: VERO BEACH, FL 32968

Title: VPD (X) Change () Addition
Name: ANGELESTRO, ANTHONY
Address: 393 W. TANGERINE SQ. SW
City-St-Zip: VERO BEACH, FL 32960

Title: PD (X) Change () Addition
Name: HOFFMAN, MARGARET
Address: 452 E. TANGERINE SQ. SW
City-St-Zip: VERO BEACH, FL 32960

I hereby certify that the information supplied with this filing does not qualify for the 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: MARGARET HOFFMAN

PD

04/17/2007

Electronic Signature of Signing Officer or Director

Date