

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000007239**

1. Entity Name  
**VILLAGE ON THE ISLE FOUNDATION, INC.**



Principal Place of Business  
**920 TAMiami TRAIL SOUTH  
VENICE, FL 34285**

Mailing Address  
**920 TAMiami TRAIL SOUTH  
VENICE, FL 34285**



02282007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0208798**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KELLY, THOMAS L  
920 TAMiami TRAIL SOUTH  
VENICE, FL 34285**

**DO NOT WRITE  
IN THIS SPACE**

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

U000000665422  
03/23/07-80029-003 70.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	HARTLEY, MICHAEL
STREET ADDRESS	101 W VENICE AVE
CITY-ST-ZIP	VENICE, FL 34285
TITLE	VP
NAME	HILLERICH, DONALD
STREET ADDRESS	5241 CAPE LEYTE DR
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	ST
NAME	PHIPPS, SUSAN R
STREET ADDRESS	772 BIRD BAY DR NORTH #104
CITY-ST-ZIP	VENICE, FL 34285
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

*Susan R Phipps*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SUSAN R PHIPPS 941-486-5421**  
**SECRETARY-TREASURER 2/28/2009**

Date

Daytime Phone #