

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

DOCUMENT # N03000007582

1. Entity Name
THE VILLAGE MERCHANTS ASSOCIATION, INC.



Principal Place of Business
10254 E. COUNTY HIGHWAY 30-A
UNIT 11-E
SEACREST BEACH, FL 32413

Mailing Address
10254 E. COUNTY HIGHWAY 30-A
UNIT 11-E
SEACREST BEACH, FL 32413

FILED
May 03, 2007 08:00 A
Secretary of State



05012007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4263392

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FITZPATRICK, JR, RAYMOND P.
10254 E. COUNTY HIGHWAY 30-A, UNIT 11-E
SEACREST BEACH, FL 32413

**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

000000760371
05/25/07-80010-001 61.25

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD CHAMBERS, STEVEN E 10254 E COUNTY HWY 30-A 16E PANAMA CITY BEACH, FL 32413 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FITZPATRICK, RAYMOND P JR 10254 E COUNTY HWY 30-A 11E PANAMA CITY BEACH, FL 32413 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FITZPATRICK, TOM 1929 3RD AVE N STE 650 BIRMINGHAM, AL 35203 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #