2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000008360

1. Entity Name
THE VILLAGE COMMUNITY ASSOCIATION, INC.

4UU7040v

04042007   Chg-NP   CR2E037 (12/06)

Principal Place of Business	Mailing Address
8955 HIGHWAY 98 WEST STE 102 MIRAMAR BEACH, FL 32550	8955 HIGHWAY 98 WEST STE 102 MIRAMAR BEACH, FL 32550

2. Principal Place of Business - No P.O. Box #
10343 East County Hwy 30-A
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Seacrest Beach, FL
Zip 32413   Country

City & State
Zip   Country

4. FEI Number
57-1190540   ☐ Applied For   ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BECKER, TAMMIE KELLEY
10343 E. HWY. 30-A SUITE 105
PANAMA CITY BEACH, FL 32413

7. Name and Address of New Registered Agent

Name
Dunlap, Toole, Shipman + Whitney, P.A.
Street Address (P.O. Box Number is Not Acceptable)
1414 County Highway 283 South
City
Santa Rosa Beach   FL   Zip Code 32459

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 _____ DAVID H. MiLam   4/12/07

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	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD NAME FITZPATRICK, RAYMOND P JR. STREET ADDRESS 1929 3RD AVE. NORTH, SUITE 650 CITY-ST-ZIP BIRMINGHAM, AL 35203	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE STVD NAME CHAMBERS, STEVE STREET ADDRESS 1929 3RD AVE. NORTH, SUITE 650 CITY-ST-ZIP BIRMINGHAM, AL 35203	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE D NAME GRAY, TIM STREET ADDRESS 405 CASTLEBRIDGE CIRCLE CITY-ST-ZIP BIRMINGHAM, AL 35242	☐ Delete	TITLE D NAME John Mazyck STREET ADDRESS 3313 Thomas Avenue CITY-ST-ZIP Montgomery, AL 36111	☑ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

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: _____   4/18/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #