


FILED
Mar 12, 2008 8:00 am
Secretary of State

02-19-2008 90026 020 ****61.25

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N03000008360			
1. Entity Name THE VILLAGE COMMUNITY ASSOCIATION, INC.			
Principal Place of Business 10343 EAST COUNTRY HWY 30-A SEACREST BEACH, FL 32413		Mailing Address 8955 HIGHWAY 98 WEST STE 102 MIRAMAR BEACH, FL 32550	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 546 Mary Esther Cut-off	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 3	
City & State		City & State Ft Walton Beach, FL	
Zip	Country	Zip	Country
		32548	USA
4. FEI Number 57-1190540		Applied For Not Applicable	
-5. Certificate of Status Desired - <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DUNLAP, TOOLE, SHIPMAN & WHITNEY, P.A. 1414 COUNTRY HIGHWAY 283 SOUTH SANTA ROSA BEACH, FL 32459		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reelecting)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD FITZPATRICK, RAYMOND P JR. 1929 3RD AVE. NORTH, SUITE 650 BIRMINGHAM, AL 35203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STVD CHAMBERS, STEVE 1929 3RD AVE. NORTH, SUITE 650 BIRMINGHAM, AL 35203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZYCK, JOHN 3313 THOMAS AVENUE MONTGOMERY, AL 36111 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bryan Kiefer P.O. Box 470384 Celebration, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Debbie Wheeler, Association Mgr.</u>		3-10-08 850-231-4733	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	