

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008360

FILED
Mar 16, 2009
Secretary of State

Entity Name: THE VILLAGE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

10343 EAST COUNTRY HWY 30-A
SEACREST BEACH, FL 32413

New Principal Place of Business:

Current Mailing Address:

546 MARY ESTHER CUT OFF STE 3
FORT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 57-1190540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNLAP, TOOLE, SHIPMAN & WHITNEY, P.A.
1414 COUNTRY HIGHWAY 283 SOUTH
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

SHIPMAN, GARY A
1414 COUNTRY HIGHWAY 283 SOUTH
SANTA ROSA BEACH, FL 32459 US

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: GARY A. SHIPMAN

03/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FITZPATRICK, RAYMOND P JR.
Address: 1929 3RD AVE. NORTH, SUITE 650
City-St-Zip: BIRMINGHAM, AL 35203

Title: STVD () Delete
Name: CHAMBERS, STEVE
Address: 1929 3RD AVE. NORTH, SUITE 650
City-St-Zip: BIRMINGHAM, AL 35203

Title: D () Delete
Name: KIEFER, BRYAN
Address: POB 470384
City-St-Zip: KISSIMMEE, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GARY A. SHIPMAN

RA

03/16/2009

Electronic Signature of Signing Officer or Director

Date