

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 06, 2005 8:00 am
Secretary of State

04-15-2005 90099 040 ****61.25

DOCUMENT # N04000002005 1. Entity Name VILLAGE WAREHOUSE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2190 RESERVE PARK TRACE UNIT 1 PORT ST LUCIE FL 34986		Mailing Address 2190 RESERVE PARK TRACE UNIT 1 PORT ST LUCIE FL 34986			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 020137909	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SIMS, THOMAS M 2190 RESERVE PARK TRACE UNIT 1 PORT ST LUCIE FL 34986			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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____ Signature, typed or printed name of registered agent and title if applicable					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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 NAME STREET ADDRESS CITY- ST- ZIP	DP SIMS, THOMAS M 2190 RESERVE PARK TRACE UNIT 1 PORT ST LUCIE FL 34986 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVST SIMS, MARILYN 2190 RESERVE PARK TRACE UNIT 1 PORT ST LUCIE FL 34986 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SIMS, THOMAS D 2190 RESERVE PARK TRACE UNIT 1 PORT ST LUCIE FL 34986 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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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 exemption stated in Section 119.07(3)(i), 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>Marilyn Sims (Marilyn Sims)</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>4/8/05</u> <u>7725300199</u> Date Daytime Phone #		