



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90076 019 \*\*\*\*70.00

<b>DOCUMENT # N04000002005</b> 1. Entity Name VILLAGE WAREHOUSE CONDOMINIUM ASSOCIATION, INC. (A FLORIDA <del>FOR-PROFIT</del> Non-Profit Corp.)			
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: <b>TAKE NOTICE!</b> This is the 2nd time that I have notified you!			
Suite, Apt. #, etc. _____		1st MOORE CR2E037 (10/06)	
City & State _____		4. FEI Number 02-0737909	
Zip _____		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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 <u>Thomas M. Sims</u> <b>DELETE PVST AND D</b> <span style="float: right;">2/6/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.)</small>			
<b>FILE NOW: FEE IS \$61.25 + \$8.75</b> <b>Due By: May 1, 2007 = 70.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE _____ NAME SIMS, THOMAS M STREET ADDRESS 2190 RESERVE PARK TRACE UNIT 1 CITY-ST-ZIP PORT ST LUCIE FL 34986	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>PVST</b> NAME SIMS, MARILYN STREET ADDRESS 2190 RESERVE PARK TRACE UNIT 1 CITY-ST-ZIP PORT ST LUCIE FL 34986	<input checked="" type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS <b>DELETE</b> CITY-ST-ZIP _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME SIMS, THOMAS D STREET ADDRESS 2190 RESERVE PARK TRACE UNIT 1 CITY-ST-ZIP PORT ST LUCIE FL 34986	<input checked="" type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS <b>DELETE</b> CITY-ST-ZIP _____	<input checked="" 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
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 Section 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: Thomas M. Sims 2/6/07 772-530-0199