2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 06, 2006 8:00 am DOCUMENT # N04000002338 **Secretary of State** 1. Entity Name 03-06-2006 90033 032 ****61.25 THE VILLAGES AMATEUR RADIO CLUB, INCORPORATED Principal Place of Business Mailing Address 1570 ST. JAMES CIRCLE THE VILLAGES FL 32162 1570 ST. JAMES CIRCLE THE VILLAGES FL 32162 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 56-2447135 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CROWELL, EDWIN A Street Address (P.O. Box Number is Not Acceptable) 1570 ST. JAMES CIRCLE THE VILLAGES FL 32162 Zip Code FL 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. 6 Feb 06 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 TITLE TITLE ☐ Delete Change Addition CROWELL, EDWIN A NAME NAME STREET ADDRESS 1570 ST. JAMES CIRCLE STREET ADDRESS CITY-ST-ZIP THE VILLAGES FL 32162 CITY-ST-ZIP Delete TITLE Change X Addition R. Robinson NAME EDLUND, DONALD G 9616 SE 168TH ELDERBERRY RD. 1770 Rosebury Loop STREET ADDRESS STREET ADDRESS THE VILLAGES FL 32162 The Villages CITY-ST-ZIP CHY-ST-7IP Delete D TITLE TITLE ☐ Change Addition NAME VRIONI, JAMES NAME 758 MANNING PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP THE VILLAGES FL 32162 CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP TITLE Detete THTLE □ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

FILED

SIGNATURE: Edwin A Crowell Edwin A. Crowell 6 Feb 06 (352)-259-5736