


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

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90146 004 \*\*\*\*61.25

<b>DOCUMENT # N04042</b>	
<b>1. Entity Name</b> LIFE VILLAGE MOBILE HOME OWNERS ASSOCIATION, INC.	

<b>Principal Place of Business</b> 500 S NOVA RD ORMOND BEACH FL 32174 US	<b>Mailing Address</b> 613 CLOVE LANE ORMOND BEACH FL 32174
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<b>2. Principal Place of Business - No P.O. Box #</b> Same - AS AA012	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/06)

<b>4. FEI Number</b> 59-2239825	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> HANSEN, ROSE MARIE 613 CLOVE LANE ORMOND BEACH FL 32174	
<b>7. Name and Address of New Registered Agent</b> Name: Same - HANSEN, ROSE MARIE Street Address (P.O. Box Number is Not Acceptable): 613 CLOVE LANE City: ORMOND BEACH, FL 32174 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: Rosemarie Hansen, ROSE MARIE HANSEN DATE: 3/14/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

**9. Election Campaign Financing** ☐ **\$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: DP NAME: LAW, BETTY J STREET ADDRESS: 607 ROSEMARY LN CITY-ST-ZIP: ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> Delete	TITLE: DP NAME: LAW, BETTY J STREET ADDRESS: 607 ROSEMARY LANE CITY-ST-ZIP: ORMOND BEACH, FL 32174	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME
TITLE: DVP NAME: REICHERT, CAL STREET ADDRESS: 606 CLOVE LN CITY-ST-ZIP: ORMOND BEACH FL 32174	<input type="checkbox"/> Delete	TITLE: X D NAME: FRANK SEBBY STREET ADDRESS: 609 ROSEMARY LANE CITY-ST-ZIP: ORMOND BEACH, FL 32174	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME
TITLE: D NAME: GOLLE, PHILLIP STREET ADDRESS: 122 JASMIN DR CITY-ST-ZIP: ORMOND BEACH FL 32174	<input type="checkbox"/> Delete	TITLE: D NAME: PHILLIP GOLLE STREET ADDRESS: 122 JASMIN DR. CITY-ST-ZIP: ORMOND BEACH, FL 32174	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME
TITLE: D NAME: SEBBY, FRANK STREET ADDRESS: 609 ROSEMARY LN CITY-ST-ZIP: ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> Delete	TITLE: DVP-SAME NAME: REICHERT, CAL STREET ADDRESS: 606 CLOVE LANE CITY-ST-ZIP: ORMOND BEACH, FL 32174	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DT NAME: HANSEN, ROSEMARIE STREET ADDRESS: 613 CLOVE LANE CITY-ST-ZIP: ORMOND BEACH FL 32174	<input type="checkbox"/> Delete	TITLE: DT NAME: ROSEMARIE HANSEN STREET ADDRESS: 613 CLOVE LANE CITY-ST-ZIP: ORMOND BEACH, FL 32174	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME
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: Rosemarie Hansen, ROSEMARIE HANSEN DATE: 3/14/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ATTACHMENT**

Department of the Treasury  
Internal Revenue Service

**Credit for Federal Telephone Excise Tax Paid**

► See the separate instructions.

► Attach to your income tax return.

OMB No. 1545-2051

**2006**

Attachment  
Sequence No. **63**

Name(s) as shown on your income tax return

Identifying number

Rosemarie Hansen

7559-2935-191-522-6-29-000000

Enter the federal telephone excise tax billed during each period as listed in column (a) of lines 1-14 below.

By filing this form, you are certifying that you (1) have not received from your service provider a credit or refund of the tax paid on long distance service or bundled service billed after February 28, 2003, and before August 1, 2006, and (2) will not ask your provider for a credit or refund or have withdrawn any request submitted to the provider for a credit or refund.

**Caution.** See the instructions for explanations of the services that qualify for a credit or refund of the federal telephone excise tax.

**Amount of federal excise tax on long distance or bundled service only**

(a) Bills dated during:	(b) Long distance service	(c) Bundled service	(d) Tax credit or refund (add columns (b) and (c))	(e) Interest (see instructions)
1 March, April, and May 2003	\$	\$	\$	\$
2 June, July, and August 2003				
3 September, October, and November 2003				
4 December 2003; January and February 2004				
5 March, April, and May 2004				
6 June, July, and August 2004				
7 September, October, and November 2004				
8 December 2004; January and February 2005				
9 March, April, and May 2005				
10 June, July, and August 2005				
11 September, October, and November 2005				
12 December 2005; January and February 2006				
13 March, April, and May 2006				
14 June and July 2006				
15 Add lines 1-14 in columns (d) and (e)			\$	\$
16 Total credit or refund requested. Add columns (d) and (e) on line 15. Enter here and on Form 1040, line 71; Form 1040A, line 42; Form 1040EZ, line 9; Form 1040EZ-T, line 1a; Form 1040NR, line 69; Form 1040NR-EZ, line 21; Form 1120, line 32g; Form 1120-A, line 28g; Form 1120S, line 23d; Form 1041, line 24f; Form 1041-N, line 17; Form 1065, line 23; Form 990-T, line 44f; or the proper line of other returns				\$

For Paperwork Reduction Act Notice, see page 2.

Cat. No. 37723M

Form **8913** (2006)