

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04042

FILED  
Apr 12, 2011  
Secretary of State

**Entity Name:** LIFE VILLAGE MOBILE HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

500 S NOVA RD  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

118 SUNNYBROOK CIRCLE NORTH  
ORMOND BEACH, FL 32174 US

**New Mailing Address:**

109 JASMIN DRIVE  
ORMOND BEACH, FL 32174 US

**FEI Number:** 59-2239825

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KNAUSE, CHARLES  
118 SUNNYBROOK CIRCLE NORTH  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

MARTIN, PATRICIA S  
109 JASMIN DRIVE  
ORMOND BEACH, FL 32174 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: PATRICIA S. MARTIN

04/12/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: MARTIN, PATRICIA S  
Address: 109 JASMIN DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: DVP  
Name: PRINE, LYNN  
Address: 504 SUNNYBROOK CIRCLE WEST  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: DS  
Name: HALL, BETTY  
Address: 106 PAPAYA DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: DT  
Name: STRONG, PATRICIA  
Address: 612 CLOVE LANE  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: D  
Name: SEBBY, ROCKY  
Address: 620 CLOVE LANE  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: D  
Name: GOLLE, PHILLIP  
Address: 517 SUNNYBROOK CIRCLE EAST  
City-St-Zip: ORMOND BEACH, FL 32174 US

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA S MARTIN

PRES

04/12/2011

Electronic Signature of Signing Officer or Director

Date