

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

N0500000466

<b>DOCUMENT # N05000004687</b>					
<b>1. Entity Name</b> VILLAGE DRIVE OFFICE CONDOMINIUM OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 931 STRATFORD PLACE MELBOURNE, FL 32940			<b>Mailing Address</b> 931 STRATFORD PLACE MELBOURNE, FL 32940		
<b>2. Principal Place of Business - No P.O. Box #</b> 5430 Village Dr.		<b>3. Mailing Address</b> PO Box 372667			
Suite, Apt. #, etc. 102		Suite, Apt. #, etc.			
<b>City &amp; State</b> ROCKLEDGE, FL		<b>City &amp; State</b> SATELLITE BEACH, FL		<b>4. FEI Number</b> 20-3047477	
<b>Zip</b> 32955		<b>Country</b> US		<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> RICHARDSON, BARRY F 931 STRATFORD PLACE MELBOURNE, FL 32940			<b>7. Name and Address of New Registered Agent</b> Name: TIFFANY LOUIS-CREWS Street Address (P.O. Box Number is Not Acceptable): 5430 VILLAGE DR. #102 City: ROCKLEDGE Viera, FL Zip Code: 32955		
<b>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.</b>					
<b>SIGNATURE</b> <i>Tiffany Crews Louis</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			(NOTE: Registered Agent signature required when reinstating) DATE: 3/28/07		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> 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>		
<b>TITLE</b> DP	<b>NAME</b> RICHARDSON, BARRY F	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> PRESIDENT	<b>NAME</b> TIFFANY LOUIS-CREWS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 931 STRATFORD PLACE	<b>CITY-ST-ZIP</b> MELBOURNE, FL 32940		<b>STREET ADDRESS</b> 5430 VILLAGE DR #102	<b>CITY-ST-ZIP</b> ROCKLEDGE, FL 32955	
<b>TITLE</b> DV	<b>NAME</b> KENDUST, PAMELA	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> V.P.	<b>NAME</b> JAMES WILSON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 7630 N. WICKHAM ROAD STE 102	<b>CITY-ST-ZIP</b> MELBOURNE, FL 32940		<b>STREET ADDRESS</b> PO BOX 372667 / 1901 HIGHWAY 19A	<b>CITY-ST-ZIP</b> SATELLITE BEACH FL 32937	
<b>TITLE</b> DST	<b>NAME</b> KENDUST, RICK A	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> V.P.	<b>NAME</b> CHRISTIAN LOUIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 7630 N. WICKHAM ROAD STE 102	<b>CITY-ST-ZIP</b> MELBOURNE, FL 32940		<b>STREET ADDRESS</b> 5430 VILLAGE DR #102	<b>CITY-ST-ZIP</b> ROCKLEDGE, FL 32955	
<b>TITLE</b> SECRETARY	<b>NAME</b> CINDY SHEW	<input type="checkbox"/> Delete	<b>TITLE</b> SECRETARY	<b>NAME</b> CINDY SHEW	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1901 HIGHWAY 19A	<b>CITY-ST-ZIP</b> SATELLITE BEACH FL 32737		<b>STREET ADDRESS</b> DC	<b>CITY-ST-ZIP</b> DC	
<b>TITLE</b> DC	<b>NAME</b> DC	<input type="checkbox"/> Delete	<b>TITLE</b> DC	<b>NAME</b> DC	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> DC	<b>CITY-ST-ZIP</b> DC		<b>STREET ADDRESS</b> DC	<b>CITY-ST-ZIP</b> DC	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.</b>					
<b>SIGNATURE:</b> <i>Tiffany Crews Louis</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: 3/28/07      321-637-0067 <small>Date Daytime Phone #</small>		

FILED

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04/11/07  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE



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