

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000004687**

1. Entity Name  
**VILLAGE DRIVE OFFICE CONDOMINIUM OWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**5430 VILLAGE DRIVE  
SUITE 102  
ROCKLEDGE, FL 32955**

Mailing Address  
**P. O. BOX 372667  
SATELLITE BEACH, FL 32937**



01082008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-3047477</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LORIS CREWS, TIFFANY  
5430 VILLAGE DRIVE  
SUITE 102  
ROCKLEDGE, FL 32955**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LORIS-CREWS, TIFFANY 5430 VILLAGE DRIVE #102 ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WJ WJENSEN, JAMES P. O. BOX 372667/ 1901 HWY. A1A SATELLITE BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LORIS, CHRISTIAN 5430 VILLAGE DR. #102 ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SHENK, CINDY 1901 HWY. A1A SATELLITE BEACH, FL 32737
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000827359  
02/21/08-80088-014 61.25

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

*Cindy Shenk*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/08

Date

321-777-3000

Daytime Phone #