

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004687

FILED
Feb 16, 2009
Secretary of State

Entity Name: VILLAGE DRIVE OFFICE CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5430 VILLAGE DRIVE
SUITE 102
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 372667
SATELLITE BEACH, FL 32937

New Mailing Address:

FEI Number: 20-3047477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LORIS-CREWS, TIFFANY
Address: 5430 VILLAGE DRIVE #102
City-St-Zip: ROCKLEDGE, FL 32955

Title: V WJ () Delete
Name: WJENSEN, JAMES
Address: P. O. BOX 372667/ 1901 HWY. A1A
City-St-Zip: SATELLITE BEACH, FL 32937

Title: V () Delete
Name: LORIS, CHRISTIAN
Address: 5430 VILLAGE DR. #102
City-St-Zip: ROCKLEDGE, FL 32955

Title: S () Delete
Name: SHENK, CINDY
Address: 1901 HWY. A1A
City-St-Zip: SATELLITE BEACH, FL 32737

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CINDY SHENK

S

02/16/2009

Electronic Signature of Signing Officer or Director

Date