

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000004687

**FILED**  
**Jan 06, 2010**  
**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  
**Name:** LORIS-CREWS, TIFFANY  
**Address:** 5430 VILLAGE DRIVE #102  
**City-St-Zip:** ROCKLEDGE, FL 32955

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

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

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

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:** CINDY SHENK

S

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date