2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005419

FILED Jul 05, 2006 Secretary of State

Entity Name: VILLAGE VIEW COMMUNITY FOUNDATION INC.

urrent P	Principal Place of Business:	New Principal Place of Business:
	47TH PLACE FIELD, FL 34491 US	
urrent M	lailing Address:	New Mailing Address:
	47TH PLACE FIELD, FL 34491 US	
		poration did not receive the prior notice.
UMMER	47TH PLACE FIELD, FL 34491 US	nent for the purpose of changing its registered office or registered agent, or both,
IGNATUI		
	Electronic Signature of Re	gistered Agent Date
FFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
itle: ame: ddress:	S AND DIRECTORS: CD () Delete SHEA, JOHN M 813134 SE 93 TERR. RD. SUMMERFIELD, FL 34491 US	
itle: ame: ddress: ity-St-Zip: itle: ame: ddress:	CD () Delete SHEA, JOHN M 813134 SE 93 TERR. RD.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Title: () Change () Addition Name: Address:
itle: lame: .ddress: bity-St-Zip: lame: .ddress: bity-St-Zip: lame: .ddress: bity-St-Zip: lame: .ddress:	CD () Delete SHEA, JOHN M 813134 SE 93 TERR. RD. SUMMERFIELD, FL 34491 US SD () Delete HARMAN, DONNA 428 LOMA PASEO DR.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Title: () Change () Addition Name: Address: City-St-Zip: Title: SD (X) Change () Addition Name: AMELING, LARRY Address: 17723 SE 85TH ELLERBE AVE
itle: ame: ddress: ity-St-Zip: itle: ame: ddress: ity-St-Zip: itle: ame: ddress:	CD () Delete SHEA, JOHN M 813134 SE 93 TERR. RD. SUMMERFIELD, FL 34491 US SD () Delete HARMAN, DONNA 428 LOMA PASEO DR. THE VILLAGES, FL 32159 US D () Delete PRASCHAN, DUANE 2009 SANTO DOMINGO DR.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Title: () Change () Addition Name: Address: City-St-Zip: Title: SD (X) Change () Addition Name: AMELING, LARRY Address: 17723 SE 85TH ELLERBE AVE City-St-Zip: THE VILLAGES, FL 32162 US Title: () Change () Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN MARTIN SHEA CD 07/05/2006