

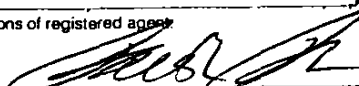
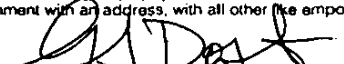


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90194 008 ****61.25

DOCUMENT # N05000005710 1. Entity Name VILLAGE CENTRE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 10103 HAYFIELD WAY TAMPA, FL 33626			Mailing Address 10103 HAYFIELD WAY TAMPA, FL 33626		
2. Principal Place of Business - No P.O. Box # 4131 Gunn Highway Tampa, FL 33618		3. Mailing Address 4131 Gunn Highway Tampa, FL 33618		<div style="text-align: right; font-size: 1.2em; font-weight: bold;">40106093</div> 	
Zip 33618		Country Hillsborough		4. FEI Number 20-2948657	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent Scott Doster 10103 Hayfield Way Tampa, FL 33626		7. Name and Address of New Registered Agent Francis E. Friscia Meirose & Friscia, PA 5550 W. Executive Drive Suite 250 Tampa, FL 33609			
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE 2/4/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD DOSTER, SCOTT 10103 HAYFIELD WAY TAMPA, FL 33626 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD BALCH, BRENT 9608 ROYCE DR TAMPA, FL 33626 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ORR, STANLEY R III 12101 SAN CHALIFORD CT TAMPA, FL 33626 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD Balch, Brent 9608 Royce Drive Tampa, FL 33626 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD Orr, Stanley 12101 San Chaliford Ct. Tampa, FL 33626 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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:  G. Scott Doster 3/17/08 813 852 1621 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					