


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90018 027 \*\*\*\*61.25

<b>DOCUMENT #</b> N05000010291	
<b>1. Entity Name</b> THE VILLAGE CONDOMINIUMS ASSOCIATION, INC.	

<b>Principal Place of Business</b> PO BOX 15694 TALLAHASSEE FL 32317	<b>Mailing Address</b> PO BOX 15694 TALLAHASSEE FL 32317
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<b>2. Principal Place of Business - No P.O. Box #</b> 644 Capital Circle NE	<b>3. Mailing Address</b> PO Box 13089
Suite, Apt. #, etc.	Suite, Apt. #, etc.


1st MOORE CR2E037 (10/06)

<b>City &amp; State</b> Tallahassee FL	<b>City &amp; State</b> Tallahassee FL
<b>Zip</b> 32301	<b>Zip</b> 32317
<b>Country</b> US	<b>Country</b> US

<b>4. FEI Number</b> 87-0762432	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b> PAGOZALSKI, MIKE 810 SAINT MICHAELS STREET TALLAHASSEE FL 32301	<b>7. Name and Address of New Registered Agent</b> Name: Robert S. Rhinehart, CAM Street Address (P.O. Box Number is Not Acceptable): Executive Management Services, Inc. 644 Capital Circle NE City: Tallahassee FL Zip Code: 32301
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<b>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.</b> SIGNATURE:  Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)	DATE: 1/31/07
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<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>DP</b> PAGOZALSKI, MIKE 810 SAINT MICHAELS ST TALLAHASSEE FL 32301 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>DST</b> ROSEN, PETER 423 ALL SAINTS ST TALLAHASSEE FL 32301 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>DV</b> HODGES, DANA 423 ALL SAINTS ST TALLAHASSEE FL 32301 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> 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 Section 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #