

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90079 028 ****61.25

DOCUMENT # N05000011628



1. Entity Name
THE VILLAGE LOFTS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**5203 SW 91 TERRACE STE D
GAINESVILLE, FL 32608**

Mailing Address
**5203 SW 91 TERRACE STE D
GAINESVILLE, FL 32608**

2. Principal Place of Business - No P.O. Box #

5200 SW 91 Terrace
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Same

Zip
32608

Country
USA

Zip

Country

01042007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-3805136

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SECHREST, MICHAEL D
5203 SW 91 TERRACE STE D
GAINESVILLE, FL 32608**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SECHREST, MICHAEL D
STREET ADDRESS 5203 SW 91 TERRACE STE D
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE VPD ☐ Delete
NAME BUTTS, ROBERT P
STREET ADDRESS 5203 SW 91 TERRACE STE D
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE SD ☐ Delete
NAME WARNER, D. MARC
STREET ADDRESS 5203 SW 91 TERRACE STE D
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE TD ☐ Delete
NAME FISHER, MARK S
STREET ADDRESS 5203 SW 91 TERRACE STE D
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5200 SW 91 Terrace**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5200 SW 91 Terrace**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/2007
Date

**352
373-5422**
Daytime Phone #