


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90334 023 ****61.25

DOCUMENT # N05827 1. Entity Name THE VILLAGE PLAYERS, INC.					
Principal Place of Business 501 US HIGHWAY ONE (VILLAGE HALL) N. PALM BEACH, FL 33408			Mailing Address 501 US HIGHWAY ONE (VILLAGE HALL) N. PALM BEACH, FL 33408		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2777436	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SMITH, ROMA 8146 S. VIRGINIA AVENUE PALM BCH GARDENS, FL 33418				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u>Roma E. Smith</u> <u>ROMA E SMITH</u> <u>April 5, 2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEATTY, JEAN 2555 PGA BLVD #173 PALM BEACH GARDENS, FL 33410		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	X WOLF, ROSEANN 8 COMPTON WAY BOYNTON BCH, FL 33426		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLF, ROSEANN 8 Compton Way Boynton Beach, FL 33426	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMARIO, ARTHUR 3826 WHITEHALL DRIVE, APT. 104 WEST PALM BEACH, FL 33401		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	X FINCH, DIANE 8764 BURMA RD LAKE PARK, FL 33403		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Barbara Scheikling 804 5th St Lake Park, FL 33403	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLINS, ALAN 902 GARNETT ST LANTANA, FL 33462		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TA Barbara Hatzfeld 319 Club Drive POG FL 33418	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Barbara S. Hatzfeld</u> <u>Barbara S. Hatzfeld</u> <u>4/5/04</u> <u>561-624-0165</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					