## FILED Jun 12, 2007 8:00 am Secretary of State

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2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000009170 VILLAGE VAN GOGH PHASE TWO PROPERTY OWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address 8801 RIVER CROSSING BLVD. 8801 RIVER CROSSING BLVD. 66018917 **NEW PORT RICHEY, FL 34655 NEW PORT RICHEY, FL 34655** 2. Principal Place of Business - No P.O. Box # 9400 River Crossing Blvd. 9400 River Crossing Blvd. Suite, Apt. #, etc. Suite 102 03232007 Chg-NP CR2E037 (12/06) Suite 102 City & State New Port Richey, FL X Applied For New Port Richey, FL Not Applicable 34655 Country Pasco \$8.75 Additional 34655 Pasco 5. Certificate of Status Desired A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GIRARDI, JAIME P 8801 RIVER CROSSING BLVD. Street Address (P.O. Box Chimber is Not Acceptable) Suite 102 NEW PORT RICHEY, FL 34655 New Port Richey <sup>2</sup>34655 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 little if applicable (NOTE: Recisioned Apert signature required when remetation) DATE 9. Election Campaign Financing Filling Fee is \$61.25 \$5.00 May Be Make check payable to П Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Detete TITLE ☐ Change ☐ Addition COOPER, LEIGH R NAME MAME 8801 RIVER CROSSING BOULEVARD STREET ADDRESS STREET ADDRESS 9400 River Crossing Blvd., Suite 102 CITY-ST-ZP NEW PORT RICHEY, FL 34655 CITY - ST - ZW New Port Richey, FL 34655 nn F Ociete TITLE √ Change Addition COOPER, DARREN J NAME NAME 8801 RIVER CROSSING BOULEVARD STREET ADDRESS STREET ADDRESS 9400 River Crossing Blvd., Suite 102 NEW PORT RICHEY, FL 34655 CITY - ST - ZIP CITY-S1-ZIP New Port Richey, FL 34655 nn.e ☐ Delete TITLE ☐ Change ☐ Addition GIRARDI, JAIME P ##ME NAME 8801 RIVER CROSSING BOULEVARD 9400 River Crossing Blvd.. Suite 102 STREET ADDRESS STREET ADDRESS NEW PORT RICHEY, FL 34655 CITY-ST-ZP CITY-ST-ZIP New Port Richey, FL 34655 TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete ☐ Citange NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplier what report is true and occurate and that my signature shall have the same legal effect as if made under ceth; that I am an officer or director of the corporation or the receiver or pustee 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. 4/30/07 727-376-6831 ext 102 SIGNATURE: OFFICER OR DIRECTOR

Jazme P. Girardi, Sec/Treas