

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000009170

1. Entity Name
**VILLAGE VAN GOGH PHASE TWO PROPERTY OWNER'S
ASSOCIATION, INC.**



Principal Place of Business

**99400 RIVER CROSSING BLVD
SUITE 102
NEW PORT RICHEY, FL 34655**

Mailing Address

**99400 RIVER CROSSING BLVD
SUITE 102
NEW PORT RICHEY, FL 34655**



01062008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-8898523

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GIRARDI, JAIME P
9400 RIVER CROSSING BLVD
SUITE 102
NEW PORT RICHEY, FL 34655**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**000000371947
04/10/08-80017-006 70.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
COOPER, LEIGH R
9400 RIVER CROSSING BLVD SUITE 102
NEW PORT RICHEY, FL 34655**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
COOPER, DARREN J
9400 RIVER CROSSING BLVD SUITE 102
NEW PORT RICHEY, FL 34655**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
GIRARDI, JAIME P
9400 RIVER CROSSING BLVD SUITE 102
NEW PORT RICHEY, FL 34655**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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

JAIME P. GIRARDI

2/5/08

Date

(727) 375-1155

Daytime Phone #