2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N14680

1. Entity Name
VILLAGE RACQUET CLUB, INC.



FILED Apr 10, 2007 08:00 A Secretary of State

Principal Place of Business

1200 W. RETTA ESPLANADE PUNTA GORDA, FL 33950 Mailing Address

1200 W. RETTA ESPLANADE PUNTA GORDA, FL 33950



01072007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2763965 Applied For
Not Applicable

5. Certificate of Status Desired Sa.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TAYLOR, KATHLEEN 1001 W MARION AVENUE # 4 PUNTA GORDA, FL 33950

DO NOT WRITE IN THIS SPACE

8. The above the obligated SIGNATURE.	tions of registered agent.				th, in the State of Florida. I am familiar with, and accept
	Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)			required when reinstating)	DATE
(1	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TAYLOR, KATHLEEN 1001 W MARION AVENUE #4 PUNTA GORDA, FL 33950				U00000698470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FISHER, STEPHANIE 1461 RED OAK LANE PORT CHARLOTTE, FL 33948		04/19/07-80004-002 61.25 DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TAYLOR, JACK 1001 W MARION AVENUE, #4 PUNTA GORDA, FL 33950				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JOHNSTON, WILMA 711 BIMINI LN PUNTA GORDA, FL 33950				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP	and that the information and link with this fill), Florida Statutes. I further certify that the information

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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5. 4/5/0

941-639-5704

Daytime Phone #