

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

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N14680

1. Entity Name
VILLAGE RACQUET CLUB, INC.



Principal Place of Business

**1200 W. RETTA ESPLANADE
PUNTA GORDA, FL 33950**

Mailing Address

**1200 W. RETTA ESPLANADE
PUNTA GORDA, FL 33950**



01072008 No Chg-NP

CR2E037 (4/08)

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4. FEI Number
59-2763965

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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 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

000000338945
04/22/08-80034-004 \$1.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT TAYLOR, KATHLEEN 1001 W MARION AVENUE #4 PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS FISHER, STEPHANIE 1461 RED OAK LANE PORT CHARLOTTE, FL 33948
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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:

Kathleen Taylor, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-08
Date

941-639-5704
Daytime Phone