


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90348 046 ****61.25

DOCUMENT # N20318 1. Entity Name VILLAGE WOOD PROPERTY OWNER'S ASSOCIATION, INC.					
Principal Place of Business 12904 PEPPER PLACE TAMPA FL 33624-4529 US			Mailing Address P.O. BOX 271146 TAMPA FL 33688 US		
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 59-3182163 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WOLF, DAVID-A 12904 PEPPER PLACE TAMPA FL 33624			Name LAURI BLAZIER Street Address (P.O. Box Number is Not Acceptable) 4702 Tannery Ave City TAMPA FL Zip Code 33624		
Signature LAURI BLAZIER <small>Signature, typed or printed name of registered agent and title if applicable</small>			Signature LAURI BLAZIER <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW: FEE IS \$61.25 Due By May 1, 2005			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	VD ARMSTRONG, TIM 4714 TANNERY TAMPA FL 33624	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAURI BLAZIER 4702 Tannery Ave Tampa, FLA 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOLF, DAVID 12904 PEPPER PLACE TAMPA FL 33624	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JIM HARTSOOK 12906 Cinnamon PL. TAMPA, FLA 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PETERSON, IVY 4811 TANNERS TAMPA FL 33624	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARY GILDERSLEEDE 12808 BAY LEAF PL. TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARMSTRONG, CYNTHIA 4714 TANNERS TAMPA FL 33624	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Mary Gildersleepe <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/22/05 <small>Date</small>	
				961-3714 <small>Daytime Phone #</small>	