

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90093 001 *****8.75

07-31-2006 90093 002 *****61.25

DOCUMENT # N20318 1. Entity Name VILLAGE WOOD PROPERTY OWNER'S ASSOCIATION, INC.					
Principal Place of Business 42904 PEPPER PLACE 4714 Tannery TAMPA, FL 33624-4529 US 4500				Mailing Address P.O. BOX 271146 TAMPA, FL 33688 US	
2. Principal Place of Business P.O. Box 271146 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 271146 Suite, Apt. #, etc.			
City & State TAMPA FL Zip 33688		City & State TAMPA FL Zip 33688		4. FEI Number 59-3182163 Applied For ☐ Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALAZIER, LAURI THOMAS F. ARMSTRONG 4702 TANNERY AVE 4714 Tannery Ave TAMPA, FL 33624 TAMPA, FL 33624				7. Name and Address of New Registered Agent Name TIM ARMSTRONG Street Address (P.O. Box Number is Not Acceptable) 4714 TANNERY AVE City TAMPA FL 33624	
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 (THOMAS F. ARMSTRONG) Thomas F. Armstrong 7-27-06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P BLAZIER, LAURI 4702 TANNERY AVE TAMPA, FL 33624	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Tim ARMSTRONG 4714 Tannery Ave TAMPA, FL 33624		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARTSOOK, JIM 12908 CINNIMON PL TAMPA, FL 33624	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cindy Lolly 12902 Cinnimon PL TAMPA FL 33624		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GILDERSLEENE, MARY 12808 BAY LEAF PL TAMPA, FL 33624	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary SHARON CROSS 12805 BAY LEAF PL TAMPA FL 33624		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARMSTRONG, CYNTHIA 4714 TANNERS TAMPA, FL 33624	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		
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: (THOMAS F. ARMSTRONG) Thomas F. Armstrong 7-27-06 (813-961-3714) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					