2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 01, 2008 8:00 am Secretary of State

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DOCUMENT # N20318 1. Entity Name VILLAGE WOOD PROPERTY OWNER'S ASSOCIATION, INC.					2-01-2008 90018 00		
Principal Place of Business 4714 TANNERY AVE PO BOX 271146 TAMPA, FL 33688 US		Mailing Address P.O. BOX 271146 TAMPA, FL 33688 US		L CORNORA ENG HOLD	I Europ erin even ker blod erka i	IEN EKON GIEN EKON	HERE DA TROJ
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
12906 CIYUNIMON PL Suite, Apt. #, etc.		Suite, Apt. #, etc.					
Surie, Apt. #, etc.		Suite, Apt. #, etc.		01032008 C	chg-NP CR2E	037 (12/06)	
City & State TAMPA FL		City & State		4. FEI Number 59-31821	63	→	plied For at Applicable
Zip Country 336 >4 45		Zip Country		5. Certificate of S	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent							
ARMSTRONG, TIM			Name DEBORAH HARTSOOK				
	NERY AVE	•	Street Add	Street Address (P.O. Box Number is Not Acceptable)			
12906 CINNIMON PL							
City TAMPA FL 33624						624	
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.							
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SIGNATURE	De Ole				1/211	205	
(Signeture, typed or printed name of possibred agent	and title if applicable.	Rogistered Agent signature	e required when reinstating)	//2.8/ DATE	08	
(De Ole		paign Financing	\$5.00 May Be	DATE	k payable to	
(Signature, typed or printed name or god shred agent Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI	9. Election Cam Trust Fund C	paign Financing	\$5.00 May 8e Added to Fees	Make che	ck payable to	tate
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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.

STREET ADDRESS

CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR Date Date Despine Proce #