

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90036 034 \*\*\*\*61.25

**DOCUMENT # N23469**

1. Entity Name

VILLAGE RUN HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

2206 E. VILLAGE COURT  
VENICE FL 34293  
US

Mailing Address

2206 E. VILLAGE COURT  
VENICE FL 34293  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0067089

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BROWN, RICHARD  
2206 E. VILLAGE CT.  
VENICE FL 34293

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 not available

(NOTE: Registered Agent signature required when relocating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

|                |    |                       |                                 |
|----------------|----|-----------------------|---------------------------------|
| TITLE          | P  | YERICH, BERNICE       | <input type="checkbox"/> Delete |
| NAME           |    |                       |                                 |
| STREET ADDRESS |    | 2702 E. VILLAGE COURT |                                 |
| CITY, ST, ZIP  |    | VENICE FL 34293       |                                 |
| TITLE          | VP | GRINIS, AL            | <input type="checkbox"/> Delete |
| NAME           |    |                       |                                 |
| STREET ADDRESS |    | 2208 E. VILLAGE CT    |                                 |
| CITY, ST, ZIP  |    | VENICE FL 34293       |                                 |
| TITLE          | ST | BROWN, RICHARD        | <input type="checkbox"/> Delete |
| NAME           |    |                       |                                 |
| STREET ADDRESS |    | 2206 E. VILLAGE CT    |                                 |
| CITY, ST, ZIP  |    | VENICE FL 34293       |                                 |
| TITLE          |    |                       | <input type="checkbox"/> Delete |
| NAME           |    |                       |                                 |
| STREET ADDRESS |    |                       |                                 |
| CITY, ST, ZIP  |    |                       |                                 |
| TITLE          |    |                       | <input type="checkbox"/> Delete |
| NAME           |    |                       |                                 |
| STREET ADDRESS |    |                       |                                 |
| CITY, ST, ZIP  |    |                       |                                 |
| TITLE          |    |                       | <input type="checkbox"/> Delete |
| NAME           |    |                       |                                 |
| STREET ADDRESS |    |                       |                                 |
| CITY, ST, ZIP  |    |                       |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |  |                                                                   |
|----------------|--|--|-------------------------------------------------------------------|
| TITLE          |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |  |                                                                   |
| STREET ADDRESS |  |  |                                                                   |
| CITY, ST, ZIP  |  |  |                                                                   |
| TITLE          |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |  |                                                                   |
| STREET ADDRESS |  |  |                                                                   |
| CITY, ST, ZIP  |  |  |                                                                   |
| TITLE          |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |  |                                                                   |
| STREET ADDRESS |  |  |                                                                   |
| CITY, ST, ZIP  |  |  |                                                                   |
| TITLE          |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |  |                                                                   |
| STREET ADDRESS |  |  |                                                                   |
| CITY, ST, ZIP  |  |  |                                                                   |
| TITLE          |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |  |                                                                   |
| STREET ADDRESS |  |  |                                                                   |
| CITY, ST, ZIP  |  |  |                                                                   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Richard B Brown* Richard B Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/07 941-497-2570

Date

Daytime Phone #