


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N27918 1. Entity Name VILLAGE HOMEOWNERS OF JAX, INC.	
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Principal Place of Business 10960 BEACH BLVD. #275 JACKSONVILLE, FL 32246 US	Mailing Address 10960 BEACH BLVD. #275 JACKSONVILLE, FL 32246 US
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DO NOT WRITE IN THIS SPACE



01062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2931619	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, BO
10960 BEACH BLVD.
#275
JACKSONVILLE, FL 32246

**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 Clarence P. Jones "Bo" 1-26-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, BO 10960 BEACH BLVD. #275 JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAIRSON, MARGARET 10960 BEACH BLVD #363 JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LAIRSON, LARRY 10960 BEACH BLVD. #363 JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MAYO, FRANK 10960 BEACH BLVD #411 JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KERNER, RITA 10960 BEACH BLVD #537 JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/02/07-80004-022 61.25

**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: Clarence P. Jones "Bo" 1-26-07 904-645-5134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #