

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27918

FILED
Jan 09, 2009
Secretary of State

Entity Name: VILLAGE HOMEOWNERS OF JAX, INC.

Current Principal Place of Business:

10960 BEACH BLVD.
#275
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

Current Mailing Address:

10960 BEACH BLVD.
#275
JACKSONVILLE, FL 32246 US

New Mailing Address:

FEI Number: 59-2931619 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

JONES, BO (CLARENCE) P
10960 BEACH BLVD.
#275
JACKSONVILLE, FL 32246 US

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.

SIGNATURE: BO(CLARENCE) JONES

01/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JONES, BO
Address: 10960 BEACH BLVD. #275
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: SD () Delete
Name: LAIRSON, MARGARET
Address: 10960 BEACH BLVD #363
City-St-Zip: JACKSONVILLE, FL 32246

Title: VPD () Delete
Name: LAIRSON, LARRY
Address: 10960 BEACH BLVD, #363
City-St-Zip: JACKSONVILLE, FL 32246

Title: VPD () Delete
Name: MAYO, FRANK
Address: 10960 BEACH BLVD #411
City-St-Zip: JACKSONVILLE, FL 32246

Title: TD () Delete
Name: KERNER, RITA
Address: 10960 BEACH BLVD #537
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JONES, BO (CLARENCE) P
Address: 10960 BEACH BLVD. #275
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: ARUNDALE, MARY
Address: 10960 BEACH BLVD #357
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BO (CLARENCE) JONES

PD

01/09/2009

Electronic Signature of Signing Officer or Director

Date