

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90111 009 ****61.25

DOCUMENT # N27940					
1. Entity Name VILLAGE TOWNHOMES & VILLAS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O SPACE COAST PROPERTY MGMT 1617 COOLING AVE MELBOURNE, FL 32935			Mailing Address C/O SPACE COAST PROPERTY MGMT 1617 COOLING AVE MELBOURNE, FL 32935		
2. Principal Place of Business 1100 Ashley Ave Suite, Apt. #, etc.		3. Mailing Address 1100 Ashley Ave Suite, Apt. #, etc.			
City & State IND HBR Bch FL Zip 32937 Country USA		City & State IND HBR Bch FL Zip 32937 Country USA		4. FEI Number 59-2906653 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 SPACE COAST PROPERTY MANAGEMENT 1617 COOLING AVE MELBOURNE, FL 32935			7. Name and Address of New Registered Agent Name <u>William Jacchia</u> Street Address (P.O. Box Number is Not Acceptable) 1100 Ashley Ave City <u>IND HBR Bch</u> <u>FL</u> Zip Code <u>32937</u>		
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 <u>William F Jacchia</u> <u>william F Jacchia</u> <u>22 Mar 06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOJCIK, JEANNETTE <input type="checkbox"/> Delete 1118 ASHLEY AVENUE INDIAN HARBOR BEACH, FL 32937				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTS JACCHIA, BILL <input type="checkbox"/> Delete 1100 ASHLEY AVENUE INDIAN HARBOR BEACH, FL 32937				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAZURKIEWIEZ, LAURA <input checked="" type="checkbox"/> Delete 1122 ASHLEY AVE INDIAN HARBOR BEACH, FL 32937				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PHELAN, ERIC <input type="checkbox"/> Delete 1174 BAY DRIVE INDIAN HARBOR BEACH, FL 32937				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BURKLEW, SHERRY <input checked="" type="checkbox"/> Delete 1106 ASHLEY AVE SATELLITE BEACH, FL 32937				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Forrest Robbins <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1128 Ashley Ave IHB FL 32937				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD FRANK Ferguson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1102 Ashley Ave IHB FL 32937				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u>William J Jacchia</u> <u>Treas</u> <u>22 Mar 06</u> <u>321-951-5117</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					