


FILED
May 09, 2007 8:00 am
Secretary of State

04-23-2007 90048 015 ****70.00

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N29246					
1. Entity Name ASSOCIATION OF VILLAGES OF FIRESIDE, INC.					
Principal Place of Business 786 BLANDING BLVD 118 ORANGE PARK, FL 32065 US			Mailing Address 786 BLANDING BLVD 118 ORANGE PARK, FL 32065 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	4. FEI Number 59-2916816	
				Applied For Not Applicable	
				5. Certificate of Status Destrod <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PERRY, ALAN 786 BLANDING BLVD. #118 ORANGE PARK, FL 32065				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, WES		NAME	John Purcan	
STREET ADDRESS	2535 MOON HARBOR WAY		STREET ADDRESS	3421 Chimney Dr	
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP	Middleburg, FL 32068	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURGESS, DONNA		NAME	Michael Hilt	
STREET ADDRESS	3135 FIELDCREST		STREET ADDRESS	3247 Fireside Dr	
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP	Middleburg, FL 32068	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, JEFF		NAME	Jennifer Mims	
STREET ADDRESS	3175 FIELDCREST DR		STREET ADDRESS	2467 Moon Harbor Way	
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP	Middleburg, FL 32068	
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLATER, ROD		NAME		
STREET ADDRESS	3255 FIELDCREST DR		STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELANGIA, KEN		NAME	Ewald Weber	
STREET ADDRESS	3279 CHIMMEY DR		STREET ADDRESS	2488 Moon Harbor Way	
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP	Middleburg, FL 32068	
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUROCHER, DAVID		NAME	John Anderson	
STREET ADDRESS	2595 SPRING MEADOW DR		STREET ADDRESS	1994 Embers Ct	
CITY-ST-ZIP	MIDDLEBURG, FL 32068		CITY-ST-ZIP	Middleburg, FL 32068	
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: <i>Rod Slater</i>		- Rod Slater		3/26/07 904-202-1365	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

66013872



02222007 Chg-NP GR2E037 (12/06)