

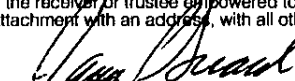


**FILED**  
**Mar 27, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N35689</b>			
1. Entity Name <b>VILLAGE VAN GOGH HOME OWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <b>9400 RIVER CROSSING BLVD SUITE 104 NEW PORT RICHEY, FL 34655</b>		Mailing Address <b>P.O. BOX 2108 ELFERS, FL 34680</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01102008 No Chg-NP CR2E037 (4/06)	
		4. FEI Number <b>06-1807920</b>	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GIRARDI, JAIME 9400 RIVER CROSSING BLVD SUITE 104 NEW PORT RICHEY, FL 34655</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$81.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE	P		
NAME	LADUE, BOB		
STREET ADDRESS	13189 ENCHANTMENT DR		
CITY-ST-ZIP	SPRING HILL, FL 34609		
TITLE	V		
NAME	VANECKELEN, SHAMAIN		
STREET ADDRESS	13140 ENCHANTMENT DR		
CITY-ST-ZIP	SPRING HILL, FL 34609		
TITLE	ST		
NAME	GIRARDI, JAIME		
STREET ADDRESS	9400 RIVER CROSSING BLVD, STE 104		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
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 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: 		Date: <b>1/11/08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>JAIME P. GIRARDI</b>		Daytime Phone # <b>727-375-1155</b>	