

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38467

FILED
Feb 29, 2008
Secretary of State

Entity Name: VILLAGE ON THE POND COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

VANGUARD MGMT.
9300 16 ST.
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

VANGUARD MGMT.
9300 16 ST.
TAMPA, FL 33612 US

New Mailing Address:

FEI Number: 59-3205350 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINFIELD, JANET
9300 N. 16 ST.
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: THOMPSON, SUE
Address: 1921 CLOVERDALE COURT
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: OLIVIERI, CAROL
Address: 1948 CHENEY CT
City-St-Zip: LUTZ, FL 33549

Title: S () Delete
Name: DAVIS, ELEANOR
Address: 1923 BRAINERD CT.
City-St-Zip: LUTZ, FL 33549

Title: VP () Delete
Name: SANCHEZ, JUDY
Address: 1953 BRAINERD COURT
City-St-Zip: LUTZ, FL 33549

Title: T (X) Delete
Name: RUHMEL, DONNA
Address: 1927 CLOVERDALE CT
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SANCHEZ, JUDY
Address: 9300 NORTH 16TH ST.
City-St-Zip: TAMPA, FL 33612

Title: T (X) Change () Addition
Name: THOMPSON, SUE
Address: 9300 NORTH 16TH ST.
City-St-Zip: TAMPA, FL 33612

Title: VP (X) Change () Addition
Name: DAVIS, ELEANOR
Address: 9300 NORTH 16TH ST.
City-St-Zip: TAMPA, FL 33612

Title: S (X) Change () Addition
Name: OLIVIERI, CAROL
Address: 9300 NORTH 16TH ST.
City-St-Zip: TAMPA, FL 33612

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

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: JANET WINFIELD

Electronic Signature of Signing Officer or Director

AGEN

02/29/2008

Date