

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90007 032 ****61.25

DOCUMENT # N41809 1. Entity Name THE VESTAVIA NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 250 VENICE GOLF CLUB DRIVE VENICE, FL 34292			Mailing Address 250 VENICE GOLF CLUB DRIVE VENICE, FL 34292		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01232006 Chg-NP CR2E037 (11/05)	
4. FEI Number 65-0285445				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMAS, BARBARA JEAN 250 VENICE GOLF CLUB DRIVE VENICE, FL 34292			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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>					
<div style="display: flex; justify-content: space-between;"> <div> Filing Fee is \$61.25 Due by May 1, 2006 </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> </div> <div> \$5.00 May Be Added to Fees </div> <div> Make check payable to Florida Department of State </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KUYPERS, MARGE 250 VENICE GOLF CLUB DRIVE VENICE, FL 34292	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD. BORDUAS, KATE 250 VENICE GOLF CLUB DR VENICE, FL 34292	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAJCEN, DAVE 250 VENICE GOLF CLUB DRIVE VENICE, FL 34292	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROETTGER, JUDY 250 VENICE GOLF CLUB DRIVE VENICE, FL 34292	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, BOB 250 VENICE GOLF CLUB DRIVE VENICE, FL 34292	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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><i>David Marge</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>2/19/06</u> Daytime Phone #: <u>941-496-8482</u>		