
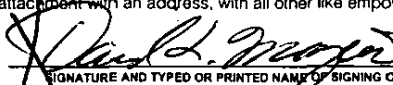


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90071 008 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0285445	
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <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 VPD NAME KUYPERS, MARGE STREET ADDRESS 250 VENICE GOLF CLUB DRIVE CITY-ST-ZIP VENICE, FL 34292	<input checked="" type="checkbox"/> Delete		TITLE MILLER, PAUL VP, D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME BORDUAS, KATE STREET ADDRESS 250 VENICE GOLF CLUB DR CITY-ST-ZIP VENICE, FL 34292	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME MAJCEN, DAVE STREET ADDRESS 250 VENICE GOLF CLUB DRIVE CITY-ST-ZIP VENICE, FL 34292	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME ROETTGER, JUDY STREET ADDRESS 250 VENICE GOLF CLUB DRIVE CITY-ST-ZIP VENICE, FL 34292	<input checked="" type="checkbox"/> Delete		TITLE Unbekant, Eloise, S, D. NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME NELSON, BOB STREET ADDRESS 250 VENICE GOLF CLUB DRIVE CITY-ST-ZIP VENICE, FL 34292	<input checked="" type="checkbox"/> Delete		TITLE Eichert, MATT D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 			Date <u>4/23/07</u> Daytime Phone # <u>941-496-8482</u>		