


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90049 009 ****61.25

DOCUMENT # N93000005710 1. Entity Name VILLAGES INDUSTRIAL CENTER PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business 610 E. MAIN STREET LEESBURG, FL 34748	Mailing Address 610 E. MAIN STREET LEESBURG, FL 34748
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DO NOT WRITE IN THIS SPACE



03152005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3215428	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

**MATHEWS, D W
1200 AVENIDA CENTRAL
LADY LAKE, FL 32159**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CASP, MARK A 33003 KARL CT. LEESBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MATHEWS, DON 1200 AVENIDA CENTRAL LADY LAKE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROBUCK, H. D JR. 610 E. MAIN ST. LEESBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: H. D. Robuck, Jr., Secretary/Treasurer
By: [Signature] **03/15/05** **352-326-3455**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #