# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000000687 (3)**

1. Corporation Name

**VILLAGE ON THE POND PHASE II COMMUNITY ASSOCIATI ON, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4830 W. KENNEDY BLVD.<br>STE. 830<br>TAMPA FL 33609 | 4830 W. KENNEDY BLVD.<br>STE. 830<br>TAMPA FL 33609 |

3. Date Incorporated or Qualified: 02/07/1994

3a. Date of Last Report: 04/17/1995

2. Principal Place of Business
21: 5835 Memorial Highway
Suite, Apt. #, etc.
22: Suite 18
City & State
23: Tampa, FL
Zip 24: 33615 Country 25: USA

2a. Mailing Address
26: P. O. Box 261825
Suite, Apt. #, etc.
27:
City & State
28: Tampa, FL
Zip 29: 33685 Country 30: USA

4. FEI Number: 59-3232840 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~AFI INC.~~
~~4830 W. KENNEDY BLVD.~~
~~STE. 830~~
~~TAMPA FL 33609~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 5835 Memorial Highway, Suite 18
83
84 City: Tampa, FL **FL** 85 Zip Code: 33615

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 11 TITLE | ☒ Change | ☐ Addition |
| NAME | BAGEARD, LYNNE K | | 12 NAME | | |
| STREET ADDRESS | ~~4830 W. KENNEDY BLVD. STE. 830~~ | | 13 STREET ADDRESS | 5835 Memorial Highway, Suite 18 | |
| CITY-ST-ZIP | TAMPA FL 33609 | | 14 CITY-ST-ZIP | Tampa, FL 33615 | |
| TITLE | VD | ☐ DELETE | 21 TITLE | ☐ Change | ☐ Addition |
| NAME | HAYES, TIMOTHY G | | 22 NAME | | |
| STREET ADDRESS | 21859 STATE ROAD 54, STE. 200 | | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | LUTZ FL 33549 | | 24 CITY-ST-ZIP | | |
| TITLE | STD | ☐ DELETE | 31 TITLE | ☒ Change | ☐ Addition |
| NAME | DIMARCO, JOY | | 32 NAME | | |
| STREET ADDRESS | ~~4830 W. KENNEDY BLVD. STE. 830~~ | | 33 STREET ADDRESS | 5835 Memorial Highway, Suite 18 | |
| CITY-ST-ZIP | TAMPA FL 33606 | | 34 CITY-ST-ZIP | Tampa, FL 33615 | |
| TITLE | | ☐ DELETE | 41 TITLE | ☐ Change | ☐ Addition |
| NAME | | | 42 NAME | | |
| STREET ADDRESS | | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 44 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 51 TITLE | ☐ Change | ☐ Addition |
| NAME | | | 52 NAME | | |
| STREET ADDRESS | | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 61 TITLE | ☐ Change | ☐ Addition |
| NAME | | | 62 NAME | | |
| STREET ADDRESS | | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 64 CITY-ST-ZIP | | |

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** _____ 2/8/96 813-882-9533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Lynne K. Bageard, President