

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000004302 1. Entry Name THE VILLAGE ON THE LAKES HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 6489 SUNSET DRIVE SOUTH MIAMI, FL 33143 US	Mailing Address 6489 SUNSET DRIVE SOUTH MIAMI, FL 33143 US
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DO NOT WRITE IN THIS SPACE



07012034 No Chg-NP CR2E037 (10/03)

4. FEE Number 65-0760084	Applied For (Not Applicable)
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**GOULD, GERALD M
6489 SUNSET DRIVE
SOUTH MIAMI, FL 33143**

**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 use if applicable (NOTE: Registered Agent signature required when certifying) DATE _____

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added in Fees	000000164012 07/07/04-80026-022 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSIO FINE, MARTIN ESQUIRE 701 BRICKELL AVENUE, 30TH FLOOR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOULD, GERALD M 6489 SUNSET DRIVE SOUTH MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, EMANUEL J 6478 SUNSET DRIVE SOUTH MIAMI, FL 33143
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)(b), 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 its 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: Gerald H. Gould **GERALD H. GOULD** 7/1/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #