

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000002170**

1. Entity Name

GLOBAL VILLAGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

1860 VINA CT  
CHULUOTA, FL 32766

Mailing Address

1860 VINA CT  
CHULUOTA, FL 32766



02092006 No Chg-NP

CRZE037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3507933

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

STEPHAN, REINHARD G  
2699 LEE ROAD SUITE 540  
WINTER PARK, FL 32789

**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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NGUYEN, TROY
STREET ADDRESS	1878 VINA CT
CITY-ST-ZIP	CHULUOTA, FL 32766
TITLE	D
NAME	MITCHELL, KAREN
STREET ADDRESS	1860 VINA CT
CITY-ST-ZIP	CHULUOTA, FL 32766
TITLE	D
NAME	PHOMMACHANH, KOMALY
STREET ADDRESS	1891 VINA CT
CITY-ST-ZIP	CHULUOTA, FL 32766
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000431899  
02/23/06-80045-021 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Karen Mitchell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen Mitchell

Date

2-10-06

Daytime Phone #

407-359-3129