

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002826

FILED  
Apr 28, 2008  
Secretary of State

**Entity Name:** VILLAGES OF ST. MARKS PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

431 WAVERLY ROAD  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

528 E. PARK AVENUE  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

431 WAVERLY ROAD  
TALLAHASSEE, FL 32312

**New Mailing Address:**

528 E. PARK AVENUE  
TALLAHASSEE, FL 32301

**FEI Number:** 59-3663031

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ISAACS, DAN L  
431 WAVERLY ROAD  
TALLAHASSEE, FL 32312 US

**Name and Address of New Registered Agent:**

ISAACS, DAN L  
528 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

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.

SIGNATURE:

04/28/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: PICHARD, KEVIN  
Address: 2956 WOODRICH DRIVE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: DS ( ) Delete  
Name: BUDA, STACEY  
Address: 58 BURNTPIKE LOOP  
City-St-Zip: ST MARKS FL 32355, FL 32355

Title: DVP ( ) Delete  
Name: CASEY, LARRY  
Address: P.O. BOX 826  
City-St-Zip: WACISSA, FL 32361

Title: DT ( ) Delete  
Name: BUNKER, CLEMENTINE  
Address: 38 BURNT PINE LOOP  
City-St-Zip: ST. MARKS, FL 32355

Title: D ( ) Delete  
Name: RYDER, WILLIAM  
Address: 1508 CHINA TRAIL GROVE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: JOHNSON, TOMMY  
Address: P.O. BOX 776  
City-St-Zip: CRAWFORDVILLE, FL 32326

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN PICHARD

DP

04/28/2008

Electronic Signature of Signing Officer or Director

Date