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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400066020

1. Corporation Name

Suite, Apt. #, etc. 27 27 27 27 27 27 27 27 27 28 28 28 28 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20	VILLAGE	HOME PROPERTIES, INC	•							
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ONEDO FL 32765 US US 2. Principal Place of Business 2. Ankiling Address 3. Delle Incorporated or Qualified Ogy/08/1994 4. FEI Number 59-3266 fU2 59-3266 fU2 58-75 Additional Fee Required City & Stalve City & St										
OviEDO FL 32765 US										
2. Principal Place of Business							DO NOT WRI	TE IN TH	IS SPACE	
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28							· · · · · · · · · · · · · · · · · · ·	П		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 88 BRUCE, ELDRED P 109 W BROADWAY OWEDO FL 32765 11. Pursuant to the provisions of Sections 807 0502 and 807 1508, Florids Statutes. The above-amend corporation submits this statement for the purpose of changing its registered agent, and the provisions of Sections 807 0502 and 807 1508, Florids Statutes. The above-amend corporation submits this statement for the purpose of changing its registered agent, and the provisions of Sections 807 0502 and 807 1508, Florids Statutes. The above-amend corporation submits this statement for the purpose of changing its registered agent, and tentilists of Florids. Statutes between the provisions of Section 807 0508, Florids Statutes. The above-amend corporation submits this statement for the purpose of changing its registered agent, and tentilists of Florids. Statutes between the provisions of Section 807 0508, Florids Statutes. The above-amend corporation submits this statement for the purpose of changing its registered difficency in the State of Florids. Statutes between the purpose of changing its registered difficency in the State of Florids. Statutes between the submit of the purpose of changing its registered difficency in the State of Florids. Statutes between the submit of the purpose of changing its registered difficency in the State of Florids. Statutes between the submit of the purpose of changing its registered difficency in the Statutes. The submit of the purpose of changing its registered difficency in the Statutes. The submit of the purpose of changing its registered difficency in the Statutes. The submit of the purpose of changing its registered difficency in the Statutes. The submit of the purpose of changing its registered difficency in the Statutes. The submit of the purpose of changing its registered difficency in the Statutes. The Statutes is the submit of the submit of the purpose of changing its registered difficency in the Statutes. The submit of the submit										Fees
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sactons 607.0502 and 607.1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. a mention of the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. The familiar with and accept the obligations of, Section 607.0505, Florids Statutes. SIGNATURE Signature, Typic or order trains of registered Agent agent and flor systems. POFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. OFFICERS AND DIRECTORS 15. TITLE 15. T	├ ── 1				S. Mild delipstation of the dark year manager					
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OVIEDO FL 32765 84 City					2	Street Addres	ss (P.O. Box Number is Not Accepta	able)		
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14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP