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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 730645 (9)

1. Corporation Name
NUMBER 2 CONDOMINIUM ASSOCIATION -VILLAGE GREEN, INC.



Principal Place of Business Mailing Address
200 VILLAGE GREEN CIRLE EAST 200 VILLAGE GREEN CIRLE EAST
K-322 K-322
PALM SPRINGS FL 33461 PALM SPRINGS FL 33461-1471

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		09/11/1974	04/12/1996
Suite, Apt. #, etc		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2146020	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	<input type="checkbox"/>
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	<input type="checkbox"/>
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SEACREST MGMT CO 3700 GEORGIA AVE W PALM BCH, FL 33405				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code
				FL	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	ASTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACOBSON, ADDIE		1.2 NAME	MANCINI, DANIEL	
STREET ADDRESS	200 VILLAGE GREN CIR E.		1.3 STREET ADDRESS	700 VILLAGE GREEN Circle W	
CITY-ST-ZIP	PALM SPRGS, FL 00000		1.4 CITY-ST-ZIP	Palm Springs, FL. 33461	
TITLE	ASTD	<input type="checkbox"/> DELETE	2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JOHN		2.2 NAME	JOHNSON, JOHN	
STREET ADDRESS	300 VILLAGE GREEN CIR S		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM SPRINGS, FL 00000		2.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINER, MILTON		3.2 NAME	WINEY, MILTON	
STREET ADDRESS	300 VILLAGE GREEN CIRCLE S.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM SPRINGS, FL 00000		3.4 CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SARACINO, MARY		4.2 NAME	PROC, ANDREW	
STREET ADDRESS	200 VILLAGE GREEN CIR E		4.3 STREET ADDRESS	200 VILLAGE GREEN CIR E	
CITY-ST-ZIP	PALM SPRINGS, FL 00000		4.4 CITY-ST-ZIP	Palm Springs, FL. 33461	
TITLE	TD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDEMAN, GEORGE		5.2 NAME		
STREET ADDRESS	300 VILLAGE GREEN CIR S		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM SPRINGS FL		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George Lindeman Date: 3/31/97

CR2E037 (9/96)