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FILED
Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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
300 VILLAGE GREEN CIRLE EAST K322 PALM SPRINGS FL 33461
300 VILLAGE GREEN CIRLE EAST K322 PALM SPRINGS FL 33461

3. Date Incorporated or Qualified
09/11/1974

4. FEI Number **59-2146020** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**SEACREST MGMT CO
 3700 GEORGIA AVE
 W PALM BCH, FL
 33405**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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

| | | |
|----------------|------------------------------------|--|
| TITLE | ASTD | <input checked="" type="checkbox"/> DELETE |
| NAME | MANCINI, DANIEL | |
| STREET ADDRESS | 700 VILLAGE GREEN CIRCLE W | |
| CITY-ST-ZIP | PALM SPRGS FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | JOHNSON, JOHN | |
| STREET ADDRESS | 300 VILLAGE GREEN CIR S | |
| CITY-ST-ZIP | PALM SPRINGS, FL 00000 | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | WINER, MILTON | |
| STREET ADDRESS | 300 VILLAGE GREEN CIRCLE S. | |
| CITY-ST-ZIP | PALM SPRINGS, FL 00000 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | PROC, ANDREW | |
| STREET ADDRESS | 200 VILLAGE GREEN CIRCLE E | |
| CITY-ST-ZIP | PALM SRPGS FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | LINDEMAN, GEORGE | |
| STREET ADDRESS | 300 VILLAGE GREEN CIR S | |
| CITY-ST-ZIP | PALM SPRINGS FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------------------|--|
| 1.1 TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | ASTD LIBERONI, FRANK | |
| 1.3 STREET ADDRESS | 400 Village Green Circle | |
| 1.4 CITY-ST-ZIP | Palm Springs, FL 33461 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Handwritten Signature]*

CR2E037 (10/97)