


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90105 009 ****61.25

DOCUMENT # 730645

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



Principal Place of Business
**700 VILLAGE GREEN CT
H 322
PALM SPRINGS, FL 33461**

Mailing Address
**700 VILLAGE GREEN CT
H 322
PALM SPRINGS, FL 33461**

40101444



2. Principal Place of Business - No P.O. Box #
2328 S. CONGRESS AVENUE

3. Mailing Address
2328 S. CONGRESS AVENUE

Suite, Apt. #, etc.
SUITE 2A

Suite, Apt. #, etc.
SUITE 2A

02222007 Chg-NP CR2E037 (12/06)

City & State
WEST PALM BEACH, FL

City & State
WEST PALM BEACH, FL

4. FEI Number
59-2146020

Applied For
 Not Applicable

Zip Country
33406 USA

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33406 USA

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BECKER & POLIAKOFF, P.A. ATTN: PETER C. MOLLENGARDEN, ESQ. 625 NORTH FLAGLER DR., 7TH FLOOR WEST PALM BEACH, FL 33401		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GELLES, CHARLES			NAME			
STREET ADDRESS	200 VILLAGE GREEN CIRCLE, UNIT 101			STREET ADDRESS			
CITY-ST-ZIP	PALM SPRGS, FL 33461			CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	YOUNG, ANNA MARIE			NAME	PERSICO, FRANES		
STREET ADDRESS	700 VILLAGE GREEN COURT, UNIT 203			STREET ADDRESS	2328 S. CONGRESS AVE., SUITE 2A		
CITY-ST-ZIP	PALM SPRINGS, FL 33461			CITY-ST-ZIP	WEST PALM BEACH, FL 33406		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ASLET, JUNIOR			NAME	ASLET, JUNIOR		
STREET ADDRESS	400 VILLAGE GREEN CIRCLE, UNIT 315			STREET ADDRESS	2328 S. CONGRESS AVE., SUITE 2A		
CITY-ST-ZIP	PALM SPRINGS, FL 33461			CITY-ST-ZIP	WEST PALM BEACH, FL 33406		
TITLE	ASTD	<input checked="" type="checkbox"/> Delete		TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PALAZZO, VINCENT			NAME	O'MALLEY, MARY		
STREET ADDRESS	300 VILLAGE GREEN IRCLE, UNIT 314			STREET ADDRESS	2328 S. CONGRESS AVE., SUITE 2A		
CITY-ST-ZIP	PALM SPRINGS, FL 33461			CITY-ST-ZIP	WEST PALM BEACH, FL 33406		
TITLE	AT	<input type="checkbox"/> Delete		TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHOWERS, LORRAINE			NAME	SHOWERS, LORRAINE		
STREET ADDRESS	700 VILLAGE GREEN COURT, UNIT 307			STREET ADDRESS	2328 S. CONGRESS AVE., SUITE 2A		
CITY-ST-ZIP	PALM SPRINGS, FL 33461			CITY-ST-ZIP	WEST PALM BEACH, FL 33406		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *[Signature]* **4/3/07 561-439-6425**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #