

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 27 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 # 743956 (5)
1. Corporation Name
VILLAGE ON THE GREEN RECREATION ASSOCIATION, INC



Principal Place of Business: 4800 MILE STRETCH RD HOLIDAY FL 34690
Mailing Address: 4800 MILE STRETCH RD HOLIDAY FL 34690

3. Date Incorporated or Qualified: 08/17/1978
4. FEI Number: 59-2004465
Applied For: Not Applicable

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

6. 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
REIMER, FREDERICK
4800 MILE STRETCH RD
HOLIDAY FL 34690

10. Name and Address of New Registered Agent
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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	TD <input type="checkbox"/> DELETE
NAME	CHARLES ROBERTSON
STREET ADDRESS	2537 ROYAL PINES CIRCLE
CITY-ST-ZIP	CLEARWATER FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	MARION, ELIZABETH
STREET ADDRESS	2238 SEQUOIA DRIVE
CITY-ST-ZIP	CLEARWATER FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	PIERCEY, M., L.
STREET ADDRESS	2557-C LAURELWOOD DRIVE
CITY-ST-ZIP	CLEARWATER FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MOSER, NATHAN
STREET ADDRESS	2584-A LAURELWOOD DR.
CITY-ST-ZIP	CLEARWATER FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	INFINGER, FRED
STREET ADDRESS	2231 SEQUOIA DRIVE
CITY-ST-ZIP	CLEARWATER FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ANDERSON, JOSEPH
STREET ADDRESS	2459 BAYBERRY DR
CITY-ST-ZIP	CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
4.2 NAME	WARD JOAN
4.3 STREET ADDRESS	2544-C LAURELWOOD DR.
4.4 CITY-ST-ZIP	CLEARWATER FL.
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	2231 SEQUOIA DRIVE
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Samaritano, Clement
6.3 STREET ADDRESS	2248 Sequoia Dr.
6.4 CITY-ST-ZIP	Clearwater, FL

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: C. H. Robertson, Secretary

CR2E037 (10/97)