

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90246 034 \*\*\*\*61.25

0072517

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 743956

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

08/17/1978

4. FEI Number

59-2004465

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 Mary Lou Piercing  
 82 Street / 4800 Mile Stretch Drive)  
 83 Holiday, Fl 34690  
 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 *Mary Lou Piercing President*

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 checked="" 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	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WARD, JOAN	
STREET ADDRESS	2544-C LAURELWOOD DR	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	INFINGER, FRED	
STREET ADDRESS	2231 SEQUOIA DR	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" 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	T-James Dailey	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	4800 Mile Stretch Drive	
1.3 STREET ADDRESS	Holiday, Fl 34690	
1.4 CITY-ST-ZIP		
2.1 TITLE	S-Betty Marion	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	4800 Mile Stretch Drive	
2.3 STREET ADDRESS	Holiday, FL 34690	
2.4 CITY-ST-ZIP		
3.1 TITLE	P-Mary Lou Piercing	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	4800 Mile Stretch Drive	
3.3 STREET ADDRESS	Holiday, Fl 34690	
3.4 CITY-ST-ZIP		
4.1 TITLE	D-Joan Ward	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	4800 Mile Stretch Drive	
4.3 STREET ADDRESS	Holiday, Fl 34690	
4.4 CITY-ST-ZIP		
5.1 TITLE	V-Fred Infinger	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	4800 Mile Stretch Drive	
5.3 STREET ADDRESS	Holiday, Fl 34690	
5.4 CITY-ST-ZIP		
6.1 TITLE	D- Shirley Polak	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	4800 Mile Stretch Drive	
6.3 STREET ADDRESS	Holiday, Fl 34690	
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)(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, with all other like empowered.

SIGNATURE: *Mary Lou Piercing* SIGNATURE REQUIRED

2-25-99

Date

Daytime Phone #

CR2E037 (1/98)