

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

0090904

DOCUMENT # 743956

1. Entity Name

VILLAGE ON THE GREEN RECREATION ASSOCIATION, INC

04-04-2001 90116 039 ****61.25

Principal Place of Business

2180 W. SR 434,STE.5000
 LONGWOOD FL 32779-5044

Mailing Address

2180 W. SR 434,STE.5000
 LONGWOOD FL 32779-5044

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

59-2004465

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HART, JR., JAMES W
C/O SENTRY MANAGEMENT, INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD FL 32779-5044

7. Name and Address of New Registered Agent

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	DAILEY, JAMES	
STREET ADDRESS	2488 OAKLEAF DR	
CITY-ST-ZIP	CLEARWATER FL 33263	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARION, BETTY	
STREET ADDRESS	2238 SEQUOIA DR	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PIERCEY, MARY LOU	
STREET ADDRESS	2557 C LAURELWOOD DR	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARD, JOAN	
STREET ADDRESS	2544 C LAURELWOOD DR	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	TD	<input type="checkbox"/> Delete
NAME	POLAK, SHIRLEY	
STREET ADDRESS	2585 D BAYBERRY DR	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VOLLARO, JOE	
STREET ADDRESS	2555 H Royal Pine Circle	
CITY-ST-ZIP	Clearwater FL 33763	

12. 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 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/01
 Date

727-799-8982
 Daytime Phone #

CR2E037 (10/00)

A04/2361

Attachment to Document 743956

VILLAGE ON THE GREEN RECREATION ASSOCIATION INC.

11. Additions:

D
SAMARITANO, SAMMY
2248 Sequoia Dr
Clearwater FL 33763