

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90127 041 ****61.25

DOCUMENT # 743956

1. Entity Name

VILLAGE ON THE GREEN RECREATION ASSOCIATION, INC

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2004465

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 checked="" 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 checked="" 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	VD <input type="checkbox"/> Delete
NAME	VOLLARO, JOE
STREET ADDRESS	2555 H ROYAL PINE CIRCLE
CITY-ST-ZIP	CLEARWATER FL 33763

TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOMERS, ART
STREET ADDRESS	2204 SEQUOIA DRIVE
CITY-ST-ZIP	CLEARWATER, FL 33763
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMARITANO, SONNY
STREET ADDRESS	2248 SEQUOIA DRIVE
CITY-ST-ZIP	CLEARWATER, FL 33763
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECHMAN, MARGE
STREET ADDRESS	2540 C LAURELWOOD DR.
CITY-ST-ZIP	CLEARWATER, FL 33763
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	

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: MARY LOU PIERCEY **SIGNATURE REQUIRED** *Mary Lou Piercey* **3/1/02** **727-799-8982**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)