

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 28, 2006  
Secretary of State**

DOCUMENT# 743956

Entity Name: VILLAGE ON THE GREEN RECREATION ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 W. SR 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Principal Place of Business:**

**Current Mailing Address:**

2180 W. SR 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Mailing Address:**

FEI Number: 59-2004465      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
C/O SENTRY MANAGEMENT, INC.  
2180 WEST SR 434, SUITE 5000  
LONGWOOD, FL 327795044 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BECKMAN, MARGE  
Address: 2540-C LAURELWOOD DR  
City-St-Zip: CLEARWATER, FL 33763

Title: SD ( ) Delete  
Name: MARION, BETTY  
Address: 2238 SEQUOIA DR  
City-St-Zip: CLEARWATER, FL 33763

Title: PD ( ) Delete  
Name: PIERCEY, MARY LOU  
Address: 2557 C LAURELWOOD DR  
City-St-Zip: CLEARWATER, FL 33763

Title: D ( ) Delete  
Name: SAMARITANO, SONNY  
Address: 2248 SEQUOIA DRIVE  
City-St-Zip: CLEARWATER, FL 33763

Title: TD ( ) Delete  
Name: POLAK, SHIRLEY  
Address: 2585 D BAYBERRY DR  
City-St-Zip: CLEARWATER, FL 33763

Title: VPD ( ) Delete  
Name: VOLLARO, JOE  
Address: 2555 H ROYAL PINE CIRCLE  
City-St-Zip: CLEARWATER, FL 33763

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY LOU PIERCEY

PD

02/28/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date