


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90016 050 ****61.25

DOCUMENT # 743956

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



Principal Place of Business 2180 W. SR 434 SUITE 5000 LONGWOOD, FL 32779-5044	Mailing Address 2180 W. SR 434 SUITE 5000 LONGWOOD, FL 32779-5044
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02262008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2004465	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HART, JAMES W JR
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BECKMAN, MARGE	
STREET ADDRESS	2540-C LAURELWOOD DR	
CITY-ST-ZIP	CLEARWATER, FL 33763	
TITLE	STD	<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	SAMARITANO, SONNY	
STREET ADDRESS	2248 SEQUOIA DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 33763	
TITLE	D	<input type="checkbox"/> Delete
NAME	INFINGER, FRED	
STREET ADDRESS	2231 SEQUOIA DR	
CITY-ST-ZIP	CLEARWATER, FL 33763	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	VOLLARO, JOE	
STREET ADDRESS	2555 H ROYAL PINE CIRCLE	
CITY-ST-ZIP	CLEARWATER, FL 33763	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOY, JACK	
STREET ADDRESS	2456 BAYBERRY CT	
CITY-ST-ZIP	CLEARWATER, FL 33763	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIBEL, GERI	
STREET ADDRESS	2572 B 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 exemptions contained 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 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 3-17-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #