


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90205 003 ****61.25

DOCUMENT # 743956

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



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.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **59-2004465**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SOMERS, ART	
STREET ADDRESS	2204 SEQUOIA DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33763	
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	SAMARITANO, SONNY	
STREET ADDRESS	2248 SEQUOIA DRIVE	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<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* **3/28/03** **777-799-8982**

CR2E037 (10/02)