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

## **DOCUMENT # 743956**

1. Entity Name

## VILLAGE ON THE GREEN RECREATION ASSOCIATION, INC



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

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

Principal Pla									
2180 W. SR 4	ce of Business	Mailing Address 2190 W. SR 434.STE.5000							
LONGWOOD F		LONGWOOD FL 32779-504	4						
									H
2. Principal I	Place of Business	3. Mailing Address				BEE HILLE ERIOL BILLE BAIL BIOLI BIELL			ji
Suite, Apt. #, etc.		Suite, Apt. #, etc.  City & State				CHECK HERE IF MAKING CHANGES			
City & State					4. FEI Number 5	4. FEI Number <b>59-2004465</b> Applied For Not Applicab			
Zip	Country	Zip	Coi	untry	5. Certificate of St		8.75 Ac	dditional	abic
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Registered A	<u>.</u>		
				Name		-			
	r., James W Itry Management, Inc.		·		Street Address (P.O. Box Number is Not Acceptable)				
2180 WE	ST SR 434, SUITE 5000 DOD FL 32779-5044		I						
LUNGWU	JOD FL 32119-3044			City		FL	Zip Co	de	
	e named entity submits this statement for	or the purpose of changing its	register	ed office or reg	gistered agent, or both, in	the State of Florida. I am fa	ımiliar with	, and acc	ept
the obliga	itions of registered agent.								
					•				
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOT	E: Registere	d Agent signature re	equired when reinstating)	DATE			
	.,								
								[	
	FILE NOW: FEE IS \$61.25	9. Election Car	. •		<b>\$5.00</b> May Be	Make Check			
	FILE NOW: FEE IS \$61.25	<b>9.</b> Election Car Trust Fund C	. •		\$5.00 May Be Added to Fees	Make Check Florida Departi			
10.	FILE NOW: FEE IS \$61.25  OFFICERS AND DI	Trust Fund (	. •		Added to Fees		ment of	State	
10.	OFFICERS AND DI	Trust Fund (	Contributi	ion.	Added to Fees	Florida Departi	ment of	State	ition
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI	Trust Fund C	11. TITLE NAM STRE CITY	E E E E E E E E E E E T ADDRESS -ST-ZIP	Added to Fees	Florida Departi	ment of ECTORS II	State N 10 ☐ Add	lition
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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 of the corporation or the receiver or illustree empowered to exceed the incommendation of the corporation or the receiver or illustree empowered to exceed the incommendation of the corporation or the receiver or illustree empowered to exceed the corporation or the receiver or illustree empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

POLAK, SHIRLEY

**VOLLARO, JOE** 

VD

2585 D BAYBERRY DR

**CLEARWATER FL 33763** 

2555 H ROYAL PINE CIRCLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

3/28/03

727-749-8982

Change

Addition