FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:17

DOCUMENT # 751426 (8)

1. Corporation Name
VILLAGE GREEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
SUNRAE C/O ~~COLD COAST PROPERTY~~ MANAGEMENT, INC. ~~10001 W OAKLAND PARK BLVD~~ SUNRISE FL 33351	C/O COLD COAST PROPERTY MANAGEMENT, INC. 10001 W OAKLAND PARK BLVD SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/06/1980
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-2504968 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
21 c/o SUNRAE MANAGEMENT	26 4000 N. STATE RD 7 #408A	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
23 City & State: Lauderdale Lakes FL	28 City & State: LAUDERDALE LAKES FL	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
24 Zip: 33319 25 Country: USA	29 Zip: 33319 30 Country: USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AMORIELLO, PATRICK % GOLD COAST PROPERTY MANAGEMENT INC 10001 W OAKLAND PARK BLVD. SUNRISE FL 33351 SUNRAE Mgt Services, Inc 4000 N. S.R. 7 Ste 408A Lauderdale Lakes, FL 33319	81 Name: KAREN BUSCH 82 Street Address (P.O. Box Number is Not Acceptable): C/O SUNRAE MANAGEMENT SERVICES 83 4000 N STATE RD 7 #408A 84 City: LAUDERDALE LAKES FL 85 Zip Code: 33319

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	KOHLER, MICHAEL	12 NAME	JEFF GIGLIOTTI
STREET ADDRESS	4200 NW 3RD CT	13 STREET ADDRESS	4200 NW 3RD CT. / Unit 215
CITY ST ZIP	PLANTATION FL	14 CITY ST ZIP	PLANTATION, FL - 33317
TITLE	D	21 TITLE	TREASURER ☒ Change ☐ Addition
NAME	~~KEATING, MARION~~	22 NAME	MARY ANN WILLIAMS
STREET ADDRESS	4200 NW 3RD COURT	23 STREET ADDRESS	4200 N.W 3rd CT / Unit 201
CITY ST ZIP	PLANTATION FL	24 CITY ST ZIP	Plantation, FL 33317
TITLE	P	31 TITLE	Treasurer ☒ Change ☐ Addition
NAME	GUARANTE, JOANNE	32 NAME	JOANNE Guarante
STREET ADDRESS	4200 NW 3RD COURT	33 STREET ADDRESS	4200 N.W 3rd Court / Unit 231
CITY ST ZIP	PLANTATION FL	34 CITY ST ZIP	Plantation, FL 33317
TITLE	S	41 TITLE	D ☒ Change ☐ Addition
NAME	WILLIAMS, MARION	42 NAME	Esposito, Joseph
STREET ADDRESS	4200 NW 3RD COURT	43 STREET ADDRESS	4200 N.W 3rd Court / Unit 106
CITY ST ZIP	PLANTATION FL	44 CITY ST ZIP	Plantation, FL 33317
TITLE	VP	51 TITLE	D ☒ Change ☐ Addition
NAME	BROWN, LINDA	52 NAME	Brown, Linda
STREET ADDRESS	4200 NW 3RD COURT	53 STREET ADDRESS	4200 N.W 3rd Court / Unit 211
CITY ST ZIP	PLANTATION FL	54 CITY ST ZIP	Plantation, FL 33317
TITLE	D	61 TITLE	V.P. ☒ Change ☐ Addition
NAME	MAHONEY, CYRIL	62 NAME	FRANK BIETELSCHIES
STREET ADDRESS	4200 NW 3RD CT.	63 STREET ADDRESS	2421 S.W. 16th Street
CITY ST ZIP	PLANTATION FL	64 CITY ST ZIP	Ft. Lauderdale, FL 33312

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 03/21/95 (305) 733-9010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number