FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 751426 (8)

1. Corporation Name

VILLAGE GREEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% SUNRAE MGMT INC 4000 N STATE ROAD 7 #408A LAUDERDALE LAKES FL 33319 US	4000 N. STATE ROAD 7 #408A LAUDERDALE FL 33319 US

3. Date Incorporated or Qualified: 03/06/1980
3a. Date of Last Report: 03/29/1995

2. Principal Place of Business
21 West Broward Property Mgt.
22 Suite, Apt. #, etc.
23 City & State: Davie, FL 33324
24 Zip: 33324 25 Country: USA

2a. Mailing Address
26 8270 State Rd. 84
27 Suite, Apt. #, etc.
28 City & State: Davie, FL 33324
29 Zip: 33324 30 Country: USA

4. FEI Number: 59-2504968 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BUSCH, KAREN
% SUNRAE MGMT SVCS
4000 N STATE ROAD 7 #408A
LAUDERDALE LAKES FL 33319

10. Name and Address of New Registered Agent

81 Name: Robert D. Lapsley
82 Street Address (P.O. Box Number is Not Acceptable): West Broward Property Management, Inc.
83: 8270 State Road 84
84 City: Davie FL 85 Zip Code: 33324

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0508, Florida Statutes.

SIGNATURE: Robert D Lapsley 5/1/96
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GIGLIOTTI, JEFF 4200 NW 3 CT #215 PLANTATION FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D Mary Daly 4200 NW 3rd Ct. #139 Plantation, FL 33317	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILLIAMS, MARY ANN 4200 NW 3 CT #201 PLANTATION FL	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D Raymond Shaw 4200 NW 3rd Ct. #216 Plantation, FL 33317	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GUARANTE, JOANNE 4200 NW 3 CT #231 PLANTATION FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	SD Janice O'Connell 4299 NW 3rd Ct. #217 Plantation, FL 33317	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ESPOSITO, JOSEPH 4200 NW 3 CT #106 PLANTATION FL	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D Christine Stickney 4200 NW 3rd Ct. #205 Plantation, FL 33317	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, LINDA 4200 NW 3 CT #211 PLANTATION FL	☒ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BIETELSCHIES, FRANK 2421 SW 16 ST FT LAUDERDALE FL	☒ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	400001849484 -06/04/96--01035--014 ***61.25	☐ Change ☐ Addition

CR2E037 (12/95)

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)(k), 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: Jeffrey Gigliotti JEFFREY GIGLIOTTI 4/17/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #