FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

751426

(8)

VILLAGE GREEN CONDOMINIUM ASSOCIATION, INC.

7100]				
Principal Place of Business		Mailing Address			T ANDREA DORNE BEINDE FLOOR DE DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA C	I DELL BIRTH DE	AN BROOM WINDIN BAN	BIO BUBIT (BDT
4200 NW 3RD COURT PLANTATION FL 33317 US		% WEST BROWARD PROPERTY MANAGEMENT 8270 ST ROAD BI FI_LAUDERDALE FL 33324 4641 ——						
		_US	_	ام	3, Date Incorporated or Qualified 03/06/1980		te of Last Re 05/01/19 9	
2. Principal Pr	ace of Business	2a. Mailing Address	McNaB B	7	4. FEI Number 59-2504968			plied For Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	MCHAO PO	-	Certificate of Status Desired		\$8.75 A	
22		27		_	·		Fee Re	
City & State		City & State 28 / AM AVAC	\mathcal{H}		Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
Zıp	Country 25	zip 33341 3	Country		8. This corporation has liability for Fiorida Statutes		tax under s. No	199.032,
24	9. Name and Address of Curren		1		10. Name and Address of New R			·
81 Name < Lo. 1 L. L.								
J ADOLES	Z_DODEDT_D	TOUC CU TO TIFF						
LAPSLEY, ROBERT D					P.O. Box Number's Not accepta		Mar	uL
8270 STATE ROAD 84					THE STATE OF THE S	17) 7	7.9	***
DAVIE E	00	27	W. NICHAG R	<u>w</u> /	/_			
UASIL-1-	E-000£4		84 City	- ^	2521	티	85 Zip.	32)/
11. Pursuant t	to the provisions of Sections 617.050	2 and 617.1508. Florida Statutes	the above named o	OCCOOL	ation submits this statement for the	purpose of	changing its	s registered
office or r	to the provisions of Sections 617,050 egistered agent, o both, in the State m familiar with, and pecept the obligations.	of Florida, Such change was aut	thorized by the corpo	oration	n's board of directors. I hereby acce	opt the appo	ointment as	registered
	In familiar with and decept the daily			har	andre form Month	1 4	1,100	
SIGNATURE _	Studentie, typed or printed name of registered age	ent and title if applicable INOTE: I	Sidunt - Im Registered Agent elgasture re	duited t	when reinstating	DATE	7/7/	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFI	CERS AND	NECTOR:	S IN 12
TITLE	Р	☐ DELETE	1.1 TITLE	P/1	<u> </u>		Change	Addition
NAME	Gigliotti, Jeff		1.2 NAME	. , 4				•
STREET ADDRESS	4200 NW 3 CT #215		1,3 STREET ADDRESS		•			
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-ST-ZIP					
TITLE	D	DELETE	2.1 TITLE	VÞ			Change	Addition
NAME	DALY, MARY	- T	2.2 NAME	Bù	rgess Monica H			`
STREET ADDRESS	4200 NW 3RD CT. #139		2.3 STREET ADDRESS			: 111		
CITY-ST-ZIP	PLANTATION FL 33317		2.4 CITY - ST - ZIP	PN	antation, FL	· ,		
TITLE		DELETE	3.1 TITLE	5/1	r/D	i	Change	Addition
NAME	guarante, Joanne		3.2 NAME	•	•		·	
STREET ADDRESS	4200 NW 3 CT #231	4	3.3 STREET ADDRESS		1			
CITY-ST-ZIP	PLANTATION FL		3.4. CITY-ST-ZIP					
TIRE	D	☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME	SHAW, RAYMOND		4. 2 NAME					
STREET ADDRESS	4200 NW 3RD CT #216		4.3 STREET ADDRESS					1
CITY-ST-ZIP	PLANTATION FL 33317	<u> </u>	4.4 CITY-ST-ZIP					
TITLE	SD	A) DELETE	5.1 TITLE				☐ Change	Addition
NAME	O'CONNELL, JANICE		5.2 NAME					ļ
STREET ADDRESS	4299 NW 3RD CT. #217		5.3 STREET ADDRESS					İ
CITY - ST - ZIP	PLANTATION FL 33317		5.4 CITY-ST-ZIP		······			
TITLE	D	DELETÉ	6.1 TITLE				Change	Addition
NAME	STICKNEY, CHRISTINE	•	6.2 NAME					
STREET ADDRESS	4200 NW 3RD CT. #205		6.3 STREET ADDRESS		•			ļ
CITY-ST-ZIP	PLANTATION FL 33317		6.4 CITY-ST-ZIP					

14. I do 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 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 AND TYPED OR PRINTED NAME OF SKONING OFFICER OR DIRECTOR

X 4-10-97 954-780-1677

FILED

May 01 1997 8:00am

Secretary of State