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Feb 13 1997 8:00am
Secretary of State



NONPROFIT CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # N93000000853 (2)

VILLAGE GREEN OF FOREST LAKES CONDOMINIUM, SECTI
ON 12, ASSOCIATION, INC.



Principal Place of Business: 2100 CONSTITUTION BLVD. C/O ARGUS PROPERTY MGT INC SARASOTA FL 34231 US

Mailing Address: 2100 CONSTITUTION BLVD. C/O ARGUS PROPERTY MGT. INC. SARASOTA FL 34231-4146 US

3. Date Incorporated or Qualified: 03/08/1993
3a. Date of Last Report: 03/05/1996
4. FEI Number: 59-2110237
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

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent: HAMMERLING, WALTER E, 2100 CONSTITUTION BLVD. C/O ARGUS PROPERTY MGMT. INC. SARASOTA FL 34231

10. Name and Address of New Registered Agent (81-85)

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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	KAPLAN, JULES	
STREET ADDRESS	3808 COLLINS STREET	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COOK, BETTY	
STREET ADDRESS	1544 STAFFORD LN	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	DEROSE, LYDIA	
STREET ADDRESS	1638 STAFFORD LN.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	HURLEY, ETHYL	
STREET ADDRESS	1646 STAFFORD LN	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	KOHLER, MARJORIE	
STREET ADDRESS	1622 STAFFORD LANE	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HOBSON, JACK	
1.3 STREET ADDRESS	1520 STAFFORD LA	
1.4 CITY-ST-ZIP	SARASOTA FL 34232	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ALLEGRO, MILDRED	
4.3 STREET ADDRESS	3614 COLLINS ST	
4.4 CITY-ST-ZIP	SARASOTA, FL 34232	
5.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ASARCH, LARRY	
6.3 STREET ADDRESS	2100 CONSTITUTION	
6.4 CITY-ST-ZIP	SARASOTA FL 34231	

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: _____ DATE: 2-6-97 DAYTIME PHONE: 941 927 6464

CR2E037 (9/96)