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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000000853

1. Corporation Name

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
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/08/1993

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2110237

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAMMERLING, WALTER E
 2100 CONSTITUTION BLVD.
 C/O ARGUS PROPERTY MGMT. INC.
 SARASOTA FL 34231

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed 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	DS	<input type="checkbox"/> DELETE
NAME	HOBSON, JOHN	
STREET ADDRESS	1520 STAFFORD LA	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COOK, BETTY	
STREET ADDRESS	1544 STAFFORD LN	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	DEROSE, LYDIA	
STREET ADDRESS	1638 STAFFORD LN.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	ALLGOOD MILDRED	
STREET ADDRESS	3614 COLLINS ST.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	KOHLER, MARJORIE	
STREET ADDRESS	1622 STAFFORD LANE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ASARCH, LARRY	
STREET ADDRESS	2100 CONSTITUTION	
CITY-ST-ZIP	SARASOTA FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D MURPHY, MARY ALICE
2.3 STREET ADDRESS	3694 COLLINS
2.4 CITY-ST-ZIP	SARASOTA FL 34232
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DT ESTES, ESTELLE
4.3 STREET ADDRESS	3686 COLLINS
4.4 CITY-ST-ZIP	SARASOTA FL 34232
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DP PURTELL, VINCENT
5.3 STREET ADDRESS	3647 COLLINS
5.4 CITY-ST-ZIP	SARASOTA FL 34232
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *LARRY ASARCH*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-99 991 927 6464
 Date Daytime Phone #

CR2E037 (1/198)