

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

0051673

03-11-2002 90085 008 ****61.25

DOCUMENT # N93000000853

1. Entity Name

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

Principal Place of Business

Mailing Address

**2477 STICKNEY PT RD
 118A
 SARASOTA FL 34231
 US**

**2477 STICKNEY PT RD
 118A
 SARASOTA FL 34231
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2110237

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ASARCH, LARRY V
 2477 STICKNEY PT N
 118A
 SARASOTA FL 34231**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D SCHEUER, DAVID**
 STREET ADDRESS **3655 COLLINS**
 CITY-ST-ZIP **SARASOTA FL 34232**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DS BECHTER, ROD**
 STREET ADDRESS **3662 COLLINS**
 CITY-ST-ZIP **SARASOTA FL 34232**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DV DEROSE, LYDIA**
 STREET ADDRESS **1638 STAFFORD LN.**
 CITY-ST-ZIP **SARASOTA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DT PETERSON, RAY**
 STREET ADDRESS **3670 COLLINS**
 CITY-ST-ZIP **SARASOTA FL 34232**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DP PURTELL, VINCENT**
 STREET ADDRESS **3647 COLLINS**
 CITY-ST-ZIP **SARASOTA FL 34232**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **AS ASARCH, LARRY**
 STREET ADDRESS **2100 CONSTITION**
 CITY-ST-ZIP **SARASOTA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-2 941 927 6464
 Date Daytime Phone #

CR2E037 (9/01)