


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 08:00 AM
Secretary of State

| | | | | | |
|---|-------------------|---|---|---|-----------------------------------|
| DOCUMENT # N93000000853 | | | |  | |
| 1. Entity Name VILLAGE GREEN OF FOREST LAKES CONDOMINIUM, SECTION 12, ASSOCIATION, INC. | | | | | |
| Principal Place of Business 2477 STICKNEY PT RD 118A SARASOTA FL 34231 US | | Mailing Address 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 | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ASARCH, LARRY V 2477 STICKNEY PT N 118A SARASOTA FL 34231 | | | 7. Name and Address of New Registered Agent | | |
| | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make Check Payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | DEMSTER, BRUCE | | NAME | 000000063601 | |
| STREET ADDRESS | 3686 COLLINS | | STREET ADDRESS | 02/23/04-80157-015 61.25 | |
| CITY-ST-ZIP | SARASOTA FL 34232 | | CITY-ST-ZIP | | |
| TITLE | DS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BECHTER, ROD | | NAME | | |
| STREET ADDRESS | 3662 COLLINS | | STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL 34232 | | CITY-ST-ZIP | | |
| TITLE | DV | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | DEROSE, LYDIA | | NAME | | |
| STREET ADDRESS | 1638 STAFFORD LN. | | STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL | | CITY-ST-ZIP | | |
| TITLE | DT | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | PETERSON, RAY | | NAME | | |
| STREET ADDRESS | 3670 COLLINS | | STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL 34232 | | CITY-ST-ZIP | | |
| TITLE | DP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | PURELL, VINCENT | | NAME | | |
| STREET ADDRESS | 3647 COLLINS | | STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL 34232 | | CITY-ST-ZIP | | |
| TITLE | AS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | ASARCH, LARRY | | NAME | | |
| STREET ADDRESS | 2100 CONSTITION | | STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL | | CITY-ST-ZIP | | |



MOORE CR2E037 (11/03)

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 like empowered.

SIGNATURE: *Larry V Asarch* 2/20/04 941 927 6464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #