

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90021 005 ****61.25



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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.

1st MOORE CR2E037 (10/05)

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

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2006

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KRAFT, JIM	
STREET ADDRESS	1536 STAFFORD LN	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BACHTELL, ROD	
STREET ADDRESS	3662 COLLINS	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DEROSE, LYDIA	
STREET ADDRESS	1638 STAFFORD LN.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GRETH, LARRI	
STREET ADDRESS	3654 COLLINS	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	PURTELL, VINCENT	
STREET ADDRESS	3647 COLLINS	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ASARCH, LARRY	
STREET ADDRESS	2100 CONSTITION	
CITY-ST-ZIP	SARASOTA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DP DEMASTER, BRUCE
STREET ADDRESS	3686 COLLINS ST
CITY-ST-ZIP	SARASOTA FL 34232
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2477 STICKNEY PT RD
CITY-ST-ZIP	SARASOTA FL 34231

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Asarch* LARRY ASARCH 2-9-06 941 927 6464