


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90023 030 \*\*\*\*61.25

**DOCUMENT # N93000000853**

1. Entity Name  
VILLAGE GREEN OF FOREST LAKES CONDOMINIUM,  
SECTION 12, ASSOCIATION, INC.



Principal Place of Business      Mailing Address

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



1st MOORE      CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

59-2110237      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

~~ASARCH, LARRY V~~      *Johnson, Lauren*  
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 re-registering)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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

**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 type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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: X *Bruce Demister*

2/19/07