


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90024 032 ****61.25

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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			



1st MOORE CR2E037 (10/07)

4. FEI Number **59-2110237** Applied For
 Not Applicable

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP Jim Kraft	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAFT, JIM		NAME	1536 STAFFORD LN	
STREET ADDRESS	1536 STAFFORD LN		STREET ADDRESS	Sarasota, FL 34232	
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	BACHTELL, ROD		NAME		
STREET ADDRESS	3662 COLLINS		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34232		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEROSE, LYDIA		NAME	Lydia Derosé	
STREET ADDRESS	1638 STAFFORD LN.		STREET ADDRESS	1638 STAFFORD LN	
CITY-ST-ZIP	SARASOTA FL		CITY-ST-ZIP	Sarasota, FL 34232	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRETH, LARRI		NAME	Patsy Marcum	
STREET ADDRESS	3654 COLLINS		STREET ADDRESS	3678 Collins ST.	
CITY-ST-ZIP	SARASOTA FL 34232		CITY-ST-ZIP	Sarasota, FL 34232	
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMASTER, BRUCE		NAME		
STREET ADDRESS	3686 COLLINS ST		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34232		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Bruce Demaster*