FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 2:01

DOCUMENT # 743538 (1)

1. Corporation Name

VILLAGE ON THE GREEN CONDOMINIUM I ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O HOLIDAY ISLES PROPERTY MGMT 7850 ULMERTON RD., STE 1 LARGO FL 34641	C/O HOLIDAY ISLES PROPERTY MGMT 7850 ULMERTON RD., STE 1 LARGO FL 34641

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/11/1978
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-1898018 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

HOLIDAY ISLES PROPERTY MANAGEMENT, INC.
7850 ULMERTON RD
SUITE #1
LARGO FL 34641

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	ROUSE, PERCY	1.2 NAME		
STREET ADDRESS	2596 D LAURELWOOD DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP		
TITLE	S	2.1 TITLE		☐ Change ☐ Addition
NAME	CHEROUVIS, DOROTHY	2.2 NAME		
STREET ADDRESS	2596 A LAURELWOOD DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	LOWERY, GEORGE	3.2 NAME	STADMAN, CHARLES	
STREET ADDRESS	2568 B LAURELWOOD DR	3.3 STREET ADDRESS	2526A Laurelwood Dr	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Clearwater, FL	
TITLE	V	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	HEISEL, HOLLY	4.2 NAME		
STREET ADDRESS	2502 C LAURELWOOD DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	VD	☒ Change ☐ Addition
NAME	WILSON, CHRISTOPHER	5.2 NAME		
STREET ADDRESS	2568 C LAURELWOOD DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Percy E Rouse 1/25/95 (813)796 4557
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
PERCY ROUSE

0020002