FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUL 21 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 727126 (5)

1. Corporation Name
VILLAS ON THE GREEN CONDOMINIUM ASSOCIATION INC

Principal Place of Business	Mailing Address
717 US HWY ONE PO BOX 3874 TEQUESTA FL 33469-0874	717 US HWY ONE PO BOX 3874 TEQUESTA FL 33469-0874

3. Date Incorporated or Qualified: 08/08/1973
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-1565256 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21 | 2a. Mailing Address 26
Suite, Apt. #, etc 22 | Suite, Apt. #, etc 27
City & State 23 | City & State 28
Zip 24 | Country 25 | Zip 29 | Country 30
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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALCORN, JOSEPH 717 US HWY 1 STE 507 JUPITER FL 33477	01 Name: Sheila Shildkraut 02 Street Address (P.O. Box Number is Not Acceptable): 717 S. U.S. Hwy 1 03: STE 409 04 City: Jupiter FL FL 05 Zip Code: 33477

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: Sheila Shildkraut (President) DATE: 7/12/95
(If signed, 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 *	P	11 TITLE	President ☐ Change ☐ Addition
NAME	ALCORN, JOSEPH	12 NAME	Sheila Shildkraut
STREET ADDRESS	717 US HWY 1, STE 507	13 STREET ADDRESS	717 S. U.S Hwy 1 STE 409
CITY ST ZIP	JUPITER FL	14 CITY ST ZIP	Jupiter FL 33477
TITLE	SD	21 TITLE	Secretary ☒ Change ☐ Addition
NAME	RAIMONDI, ELIZABETH	22 NAME	Jane Alcorn
STREET ADDRESS	717 US HWY 1, STE 208	23 STREET ADDRESS	717 S. U.S. Hwy 1 STE 507
CITY ST ZIP	JUPITER FL	24 CITY ST ZIP	Jupiter FL 33477
TITLE	DT	31 TITLE	Vice President ☐ Change ☐ Addition
NAME	SIMIC, FRANK	32 NAME	FRANK Simcic
STREET ADDRESS	717 US HWY 1, STE 305	33 STREET ADDRESS	717 S. U.S. Hwy 1 STE 305
CITY ST ZIP	JUPITER FL	34 CITY ST ZIP	Jupiter FL 33477
TITLE	DT	41 TITLE	Treasurer ☒ Change ☐ Addition
NAME	O'KEEFE, FRANK	42 NAME	Doris McGourty
STREET ADDRESS	717 US HWY 1, STE 107	43 STREET ADDRESS	717 S. U.S. Hwy 1 STE 511
CITY ST ZIP	JUPITER FL	44 CITY ST ZIP	Jupiter FL 33477
TITLE	DS	51 TITLE	DT ☒ Change ☐ Addition
NAME	COWAN, VERA	52 NAME	Mike Sweeny
STREET ADDRESS	717 US HWY 1 #507	53 STREET ADDRESS	717 S U.S. Hwy 1 STE 406
CITY ST ZIP	JUPITER FL	54 CITY ST ZIP	Jupiter FL 33477
TITLE	V	61 TITLE	DT ☐ Change ☐ Addition
NAME	WEST, CHRIS 7/21/95 TS.	62 NAME	FRANK O'Keefe
STREET ADDRESS	717 US HWY 1, STE 704	63 STREET ADDRESS	717 S. U.S. Hwy 1 STE 107
CITY ST ZIP	JUPITER FL	64 CITY ST ZIP	Jupiter FL 33477

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: Doris H. McGourty, Treas. 4/11/95 407 747-9196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

(09/94)