

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

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

3. Date Incorporated or Qualified

**07/11/1978**

3a. Date of Last Report

**02/10/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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**

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

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<del>ROUSE, PERCY</del>	
STREET ADDRESS	<del>2598 D LAURELWOOD DR</del>	
CITY - ST - ZIP	<del>CLEARWATER FL</del>	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	<del>CHEROUVIS, DOROTHY</del>	
STREET ADDRESS	<del>2596 A LAURELWOOD DR</del>	
CITY - ST - ZIP	<del>CLEARWATER FL</del>	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	<del>STADMAN, CHARLES</del>	
STREET ADDRESS	<del>2526A LAURELWOOD DR</del>	
CITY - ST - ZIP	<del>CLEARWATER FL</del>	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	<del>HEISEL, HOLLY</del>	
STREET ADDRESS	<del>2502 C LAURELWOOD DR</del>	
CITY - ST - ZIP	<del>CLEARWATER FL</del>	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	<del>WILSON, CHRISTOPHER</del>	
STREET ADDRESS	<del>2568 C LAURELWOOD DR</del>	
CITY - ST - ZIP	<del>CLEARWATER FL</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STADMAN, CHARLES	
1.3 STREET ADDRESS	2526A LAURELWOOD DR	
1.4 CITY - ST - ZIP	CLEARWATER FL 34623	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BRADNER, ROBERT	
2.3 STREET ADDRESS	2498A LAURELWOOD DR	
2.4 CITY - ST - ZIP	CLEARWATER FL 34623	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FISHER JENNETTE	
3.3 STREET ADDRESS	2502 B LAURELWOOD DR	
3.4 CITY - ST - ZIP	CLEARWATER FL 34623	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HEISEL, HOLLY	
4.3 STREET ADDRESS	2502 C LAURELWOOD DR	
4.4 CITY - ST - ZIP	CLEARWATER FL 34623	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WILSON CHRISTOPHER	
5.3 STREET ADDRESS	2568 C LAURELWOOD DR	
5.4 CITY - ST - ZIP	CLEARWATER FL 34623	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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: *Charles Stadman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)