FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 744643

(8)

VILLAGE GREEN OF BRADENTON CONDOMINIUM, SECTION 9, ASSOCIATION, INC.

Principal Place of Puninces													
Principal Place of Business Mailing Address													
2233 11TH AVENUE W				P O BOX 916									
BRADENTON US	FL 34205			SUITE 609 Bradenton fl 34206									
03				US TE S4200					orporated or Qualified 19/1978	d 3a . i	Date of Last 04/19/1		
2. Principal Pl	ace of Busine	ess	28	Mailing Address				4. FEI Num				Applied For	
21				26				59-	2029907		├	Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				F 0-45		F		5 Additional	
22				27				5. Certingai	te of Status Desired		Fee	Required	
City & State				City & State				6. Election	Campaign Financing		\$5.0	O May Be	
23			28	28				Trust Fund Contribution Added to Fees					
^{Zip}		Country	<u> </u>	Zip	Count	ry		8. This corp	poration has liability for	or intangible	tax under s	. 199.032	
24		25	29		30			Florida S	Statutes	☐ Yes [™ No		
	9. Name	and Address of Currer	nt Regi	istered Agent				10. Name a	nd Address of New	/ Registere	d Agent		
					6	1 Name	:						
BARCUS, DIANE S								(P.O. Box N	lumber is Not Accept	lable)			
2233 11	th ave w			2 Street									
SUITE 6	09				8	3							
BRADEN	205						11						
					8	4 City				F	85 Zi	p Code	
11. Pursuant t	to the provision	ons of Sections 617.0502	and 6	17.1508, Florida Statute	s, the above	-1 e-named c	orporatio	on submits th	is statement for the p	nurnose of c	hanging its i	registered office	
or register	rea agent, or	both, in the State of Flori	da. Suc	ch change was authorize	ed by the co	rporation's	s board o	of directors. I	hereby accept the ar	opointment a	as registered	l agent. I am	
familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.													
SIGNATURE	Signature, typed o	or printed name of registered agent	and tire i	Lapolicatile (NO)	TE: Registered Ap	ent signature	required who	en remstation!		DATE			
12.		OFFICERS AN		···	13.				NS/CHANGES TO O		ND DIRECTO)RS IN 12	
TITLE	DT			DELETE	1.1 TITLE		D		 		Change	☐ Addition	
NAME	LEVINE,	MARTHA			1.2 NAM	E					, ,		
STREET ADDRESS		H AVENUE, WEST				ET ADDRESS							
CITY-ST-ZIP		TON, FL 00000			1.4 CITY								
TITLE	D	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>-</u>	DELETE	2 1 TITLE		D/S	/T			Change	☐ Addition	
NAME	STEVEN	SON, MARILYN		– .	2 2 NAM		D/3	/ 1			Jac onongo		
STREET ADDRESS		H AVENUE, WEST				ET ADDRESS							
CITY-ST-ZIP		TON, FL 00000											
TITLE	DV	11011, 1 2 00000		DELETE	2 4 CITY		D /A	nati Theo			Change	EZ Addition	
NAME	KERN, R	I ICHIS		Morrere	31 TITLE			sst Tre			☐ Change	Addition Addition	
1		H AVE W			3.2 NAM			•	chard A.				
STREET ADDRESS					1	ET ADDRESS			we West				
CITY-ST-ZIP	D	TON, FL 00000		Modern	3 4. CITY		1		FL 34209				
TITLE		MADIMA		DELETE	4.1 TITLE		D/V				Change	Addition	
NAME	HINES, I				4. 2 NAM				John P			ľ	
STREET ADDRESS		H AVE W				et address	6815	5 8th A	we West				
CITY-ST-ZIP		TON, FL 00000		Floring	4.4 CITY		BRAI	DENTON	_FL_34209_		<u>.</u>		
TITLE	DI	, henri i n		DELETE	5 1 THTLE						Change	Addition	
NAME		K, BERNADETTE			5.2 NAM	E							
STREET ADDRESS		H AVE W			5.3 STRE	ET ADDRESS							
CITY-ST-ZIP	BRADEN	ION FL			5 4 CITY	- ST - ZIP	l						
TITLE	DP			DELETE	6 1 TITLE						☐ Change	Addition	
NAME	uberti,				6 2 NAM	Ē							
STREET ADDRESS		h avenue, w			6 3 STRE	ET ADDRESS							
CITY-ST-ZIP	BRADEN	TON FL			6.4 CITY	-ST-ZIP							
14. I do hereb	y certify that t	he information supplied v	with this	s filing is voluntarily furni	chod and de	oc pot au	alify for th	ne exemption	stated in Section 11	9.07(3)(k), F	lorida Statut	es. I further	
certify that oath; that appears in	i ine informati I am an office i Block 12 or	on indicated on this annu- r or director of the correct Block 13 if changes, or	ration c in an at	or or supplemental annual or the receiver or trusted trachment with an article	Jaureport is t e ripowered iss	rue and ac I to execu	ccurate a te this rej	ind that my s port as requi	ignature shall have th red by Chapter 617,	ne same lega Florida Stati	al effect as if utes; and the	made under at my name	
, , , , , , , , , , , , , , , , , , , ,													

SIGNATUR

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4/ 16/96

941-746-4998

Daytime Phone #

CR2E037 (12/95)