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Apr 23 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **744643** (8)

1. Corporation Name

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



Principal Place of Business
**2233 11TH AVENUE W
BRADENTON FL 34205
US**

Mailing Address
**P O BOX 916
SUITE 609
BRADENTON FL 34206-0916
US**

3. Date Incorporated or Qualified
10/19/1978

3a. Date of Last Report
05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2029907	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country	29. Country		
25. Country	30. Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARCUS, DIANE S
2233 11TH AVE W
SUITE 609
BRADENTON FL 34205**

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVINE, MARTHA	1.2 NAME	POWERS Janet
STREET ADDRESS	6808 9TH AVENUE, WEST	1.3 STREET ADDRESS	6902 9th Ave W
CITY-ST-ZIP	BRADENTON, FL 00000	1.4 CITY-ST-ZIP	Bradenton FL 34209
TITLE	DST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVENSON, MARILYN	2.2 NAME	SPITZ Susan M
STREET ADDRESS	6803 8TH AVENUE, WEST	2.3 STREET ADDRESS	6814 9th Ave W
CITY-ST-ZIP	BRADENTON, FL 00000	2.4 CITY-ST-ZIP	Bradenton FL 34209
TITLE	DAT <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARCE, RICHARD A	3.2 NAME	
STREET ADDRESS	57004 9TH AVE W	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 00000	3.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLAUGHLIN, JOHN P	4.2 NAME	
STREET ADDRESS	6815 8TH AVE W	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 00000	4.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UBERTI, RALPH	5.2 NAME	
STREET ADDRESS	6816 9TH AVENUE, W	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

Susan M. Spitz

4/14/97

CR2E037 (9/96)