

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthart Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **727126** (5)
1. Corporation Name
VILLAS ON THE GREEN CONDOMINIUM ASSOCIATION INC



Principal Place of Business 717 US HWY ONE PO BOX 3874 TEQUESTA FL 33469-0874		Mailing Address 717 US HWY ONE PO BOX 3874 TEQUESTA FL 33469-0874		3. Date Incorporated or Qualified 08/08/1973	3a. Date of Last Report 04/22/1996
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1565256		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SHILDKRAUT, SHELIA 717 US HWY 1 STE 409 JUPITER FL 33477		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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIEFLER, ANTOINETTE	1.2 NAME	
STREET ADDRESS	D717 S US HWY I-4301	1.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHILDKRAUT, SHELIA	2.2 NAME	
STREET ADDRESS	717 US HWY 1, STE 409	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33477	2.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'KEEFE, FRANK	3.2 NAME	O'KEEFE, FRANK
STREET ADDRESS	717 US HWY 1, STE 107	3.3 STREET ADDRESS	717 US HWY I STE 107
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	JUPITER, FL 33477
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	ALAN ECKLOFF <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMCIC, FRANK	4.2 NAME	ALAN ECKLOFF
STREET ADDRESS	717 US HWY 1, STE 305	4.3 STREET ADDRESS	717 U.S. Hwy I - STE 602
CITY-ST-ZIP	JUPITER FL	4.4 CITY-ST-ZIP	Jupiter, FL 33477
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Eugene Chokey <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MULCUNRY, DORIS	5.2 NAME	Eugene Chokey
STREET ADDRESS	717 US HWY 1 #511	5.3 STREET ADDRESS	717 U.S. Hwy I - STE 303
CITY-ST-ZIP	JUPITER FL 33477	5.4 CITY-ST-ZIP	Jupiter, FL 33477
TITLE	DT <input type="checkbox"/> DELETE	6.1 TITLE	VP DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONBOY, JACK	6.2 NAME	CONBOY, JACK
STREET ADDRESS	717 US HWY I-809	6.3 STREET ADDRESS	717 US HWY I STE 809
CITY-ST-ZIP	JUPITER FL	6.4 CITY-ST-ZIP	JUPITER FL 33477

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Shelia Shildkraut* **Shelia Shildkraut** 2/6/97 561-7474519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0044260

CR2E037 (9/96)