

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90056 016 ****61.25

0034851

DOCUMENT # 751805

1. Corporation Name

VILLAS ON THE GREEN HOMEOWNER'S ASSOCIATION, INC

Principal Place of Business

424 NE 195 STR
NO MIAMI BCH FL 33179
US

Mailing Address

% MARILYN ZEIGER
424 NE 195 STR
NO MIAMI BCH FL 33179
US



2. Principal Place of Business

21 416 NE 195 ST

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FL

Zip

24 33179

Country

25 DADE

2a. Mailing Address

26 416 NE 195 ST

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FL

Zip

29 33179

Country

30 DADE

3. Date Incorporated or Qualified

03/31/1980

4. FEI Number

59-2378062

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

9. Name and Address of Current Registered Agent

ZEIGER, MARILYN
424 NE 195 STR
NO MIAMI BCH FL 33179

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

416 NE 195 ST.

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 617.0509, Florida Statutes.

SIGNATURE

MARILYN ZEIGER *Marilyn Zeiger* *Corpor. Sec. / Treasurer*

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SOKOLOFF, SONNY
STREET ADDRESS 382 NE 195 ST
CITY-ST-ZIP N MIAMI BCH FL 33179

TITLE D ☐ DELETE

NAME KOPPERMAN, P J
STREET ADDRESS 432 NE 195TH ST
CITY-ST-ZIP N MIAMI BCH FL 33179

TITLE TS ☐ DELETE

NAME ZEIGER, MARILYN
STREET ADDRESS 424 NE 195 STREE
CITY-ST-ZIP N. MIAMI BEACH FL

TITLE D ☐ DELETE

NAME ROSENTHAL, DAVE
STREET ADDRESS 606NE 195 ST.
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME WEISS, JOAN
STREET ADDRESS 378 NE 195TH ST.
CITY-ST-ZIP N. MIAMI BCH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

Marilyn Zeiger *MARILYN ZEIGER* 1/9/99 305 653-8343

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)