


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90106 050 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 744643**

1. Corporation Name

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

Principal Place of Business

% HARMONY  
4400 EL CONQUISTADOR #13  
BRADENTON FL 34210  
US

Mailing Address

%HARMONY MGMT  
P O BOX 10067  
BRADENTON FL 34282  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/19/1978	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2029907	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing				<input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**JOHN A HAGERTY**  
4400 EL CONQUISTADOR PKWY  
BRADENTON FL 34210

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

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	DR <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWERS, JANET	1.2 NAME	POWERS, ROBERT
STREET ADDRESS	6902 9TH AVE W	1.3 STREET ADDRESS	6902 9TH AVE W
CITY-ST-ZIP	BRADENTON, FL 00000	1.4 CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUMPSA, PAUL	2.2 NAME	BARINKA, STEVE
STREET ADDRESS	6910 9TH W	2.3 STREET ADDRESS	6814 9TH AVE W
CITY-ST-ZIP	BRADENTON, FL 00000	2.4 CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAUB, PAUL	3.2 NAME	
STREET ADDRESS	7002 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	ANDERSON, JOE
STREET ADDRESS	6815 8TH AVE W	4.3 STREET ADDRESS	6801 - 8TH AVE W
CITY-ST-ZIP	BRADENTON, FL 00000	4.4 CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	DP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINES, JEAN	5.2 NAME	
STREET ADDRESS	6808 9TH AVE 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-11/98