

DOCUMENT # 744643

1. Entity Name

VILLAGE GREEN OF BRADENTON CONDOMINIUM, SECTION

Principal Place of Business

Mailing Address

% HARMONY
4400 EL CONQUISTADOR #13
BRADENTON FL 34210
US

%HARMONY MGMT
P O BOX 10067
BRADENTON FL 34282-0067
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHN A HAGERTY
4400 EL CONQUISTADOR PKWY
BRADENTON FL 34210

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME POWERS, ROBERT
STREET ADDRESS 6902 9TH AVE W
CITY-ST-ZIP BRADENTON FL

TITLE D ☐ Delete
NAME BARKWKA, STEVE
STREET ADDRESS 6814 9TH AVE
CITY-ST-ZIP BRADENTON FL

TITLE D ☐ Delete
NAME STAUB, PAUL
STREET ADDRESS 7002 9TH AVE W
CITY-ST-ZIP BRADENTON, FL 00000

TITLE DS ☐ Delete
NAME ANDERSON, JOE
STREET ADDRESS 6801-8TH AVE W
CITY-ST-ZIP BRADENTON FL

TITLE D ☐ Delete
NAME HINES, JEAN
STREET ADDRESS 6808 9TH AVE W
CITY-ST-ZIP BRADENTON FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 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

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90010 046 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2029907

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

Date

Daytime Phone #