2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 25, 2001 8:00 am Secretary of State DOCUMENT # 743538 1. Entity Name VILLAGE ON THE GREEN CONDOMINIUM I ASSOCIATION. 01-25-2001 90128 029 ****61.25 Principal Place of Business Mailing Address 2014 DREW STREET 2014 DREW STREET UUUU7972 C/O AMERITECH PROP. MGMT. CLEARWATER FL 33765 CLEARWATER FL 33765 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1898018 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) AMERI-TECH REALTY, INC. 2014 DREW STREET **CLEARWATER FL 33765** City Zip Code FL 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: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be \Box Trust Fund Contribution. Added to Fees **FEE IS \$61.25** Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE ☐ Delete TITLE ☐ Addition NAME LAMBERTSON, FRANK NAME STREET ADDRESS STREET ADDRESS 2530-A LAURELWOOD CIR. CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33763** Robert **VPD** Bradner ☐ Change Addition Addition TITLE M Delete TITLE LAURELWOOD DR NAME COFFEE, RALPH NAME 2498A STREET ADDRESS STREET ADDRESS 2580-A LAURELWOOD CIR. CLEARWATER FL 33763 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33763** ROUSE, PERCY ☐ Delete DIDE Change **Addition** STADHAN NAME NAME CHARLES LAURELWOOD DR STREET ADDRESS 2596-D LAURELWOOD CIR. STREET ADDRESS 2526 A CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33763 **CLEARWATER FL 33763** □ Delete TITLE ☐ Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 of DFRANK E LAMBERTSON (121) 724 1944

CITY-ST-ZIP

CITY-ST-ZIP