


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90014 021 ****61.25

DOCUMENT # 751805					
1. Entity Name VILLAS ON THE GREEN HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 416 N.E. 195 STREET MIAMI FL 33179 US			Mailing Address 416 N.E. 195 STREET MIAMI FL 33179 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2378062	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZEIGER, MARILYN 416 N.E. 195 STREET NO MIAMI BCH FL 33179				7. Name and Address of New Registered Agent	
				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when renewing)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V. P.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOKOLOFF, MAURICE A		NAME		
STREET ADDRESS	382 NE 195TH ST		STREET ADDRESS		
CITY- ST- ZIP	N MIAMI BCH FL 33179		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'CAIN, ADELE		NAME		
STREET ADDRESS	426 NE 195TH ST		STREET ADDRESS		
CITY- ST- ZIP	NORTH MIAMI BEACH FL 33179		CITY- ST- ZIP		
TITLE	TS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ZEIGER, MARILYN		NAME	DIRECTOR	
STREET ADDRESS	416 NE 195TH ST		STREET ADDRESS	GAMEL, DEBBIE	
CITY- ST- ZIP	NORTH MIAMI BEACH FL 33179		CITY- ST- ZIP	412 NE 195 ST	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, JOAN		NAME		
STREET ADDRESS	420 NE 195TH ST		STREET ADDRESS		
CITY- ST- ZIP	NORTH MIAMI BEACH FL 33179		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WISE, ARTHUR		NAME		
STREET ADDRESS	504 N.E. 195TH ST		STREET ADDRESS		
CITY- ST- ZIP	N MIAMI BEACH FL 33179		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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: <u>Maurice A. Sokoloff</u> MAURICE A. SOKOLOFF <u>MAR 2, 2004</u> <u>305-653-4975</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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MOORE CR2E037 (11/03)