


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90076 036 ****61.25

DOCUMENT # 727126			
1. Entity Name VILLAS ON THE GREEN CONDOMINIUM ASSOCIATION INC			
Principal Place of Business 717 US HWY ONE PO BOX 3874 TEQUESTA FL 33469-0874		Mailing Address 717 US HWY ONE PO BOX 3874 TEQUESTA FL 33469-0874	
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 ECKLOF, ALAN M 717 U S 1 STE 602 JUPITER FL 33477		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	VPS SIMCIC, FRANK 717 U S 1, STE 305 JUPITER FL 33477 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Debra BAIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 717 US 1 S UNIT 904 JUPITER FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PACCA, ROBERT J 717 U S 1 STE 804 JUPITER FL 33477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Kenneth Freese <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 717 US 1 S. UNIT 707 JUPITER FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESSER, RICHARD 717 US 1 UNIT 208 JUPITER FL 33477 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. JUDITH McGRATH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 717 US 1 S UNIT 704 JUPITER FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ECKLOFF, ALAN 717 US HWY 1 STE 602 JUPITER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS TOM MISSON VPS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 717 US 1 S. UNIT 603 JUPITER FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASTROCOLA, TOBY 717 US 1, SUITE 402 JUPITER FL 33477 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONBOY, JACK 717 US HWY 1-809 JUPITER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

50018328



1st MOORE CR2E037 (10/04)

4. FEI Number **59-1565256** Applied For
Not Applicable

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

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:  **R.J. Pacca** **Treas** **2/2/05** **561** **744-0643**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #