

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90328 033 ****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**

50039618



04122005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2378062

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Mr Maurice A Sokoloff
382 NE 195th St.
Miami FL 33179-3313 *N. MIAMI BEACH*

**DO NOT WRITE
IN THIS SPACE**

8. The above named agent, 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.

Mr Maurice A Sokoloff
382 NE 195th St.
Miami FL 33179-3313

SIGNATURE _____
Signature, by

id file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	SOKOLOFF, MAURICE A
STREET ADDRESS	382 NE 195TH ST
CITY-ST-ZIP	N MIAMI BCH, FL 33179
TITLE	D
NAME	O'CAIN, ADELE
STREET ADDRESS	426 NE 195TH ST
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	TS
NAME	ZEIGER, MARILYN
STREET ADDRESS	416 NE 195TH ST
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	D
NAME	GAMEL, DEBBIE
STREET ADDRESS	412 NE 195 ST.
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	D
NAME	WISE, ARTHUR
STREET ADDRESS	504 N.E. 195TH ST
CITY-ST-ZIP	N MIAMI BEACH, FL 33179
TITLE	D
NAME	VALERIE KROP
STREET ADDRESS	500 N.E. 195 ST.
CITY-ST-ZIP	N. MIAMI BEACH, FL 33179

**DO NOT WRITE
IN THIS SPACE**

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.

Maurice A. Sokoloff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #