


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90309 003 ****61.25

DOCUMENT # 751805 1. Entity Name VILLAS ON THE GREEN HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 382 NE 195 ST N. MIAMI BEACH FL 33179 US		Mailing Address 382 NE 195 ST N. MIAMI BEACH 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 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BROUGH, CHADROW & LEVINE, P.A. GLOBAL COMMERCE CENTER 1900 N. COMMERCE PKWY WESTON FL 33326			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOKOLOFF, MAURICE A		NAME	GARIB, NANCY	
STREET ADDRESS	382 NE 195TH ST		STREET ADDRESS	518 N.E. 195 STREET	
CITY - ST - ZIP	N MIAMI BCH FL 33179		CITY - ST - ZIP	NORTH MIAMI BEACH, FL 3317	
TITLE	D	<input checked="" 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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KROP, VALERIE		NAME		
STREET ADDRESS	500 NE 195 STREET		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	GAMEL, DEBBIE		NAME		
STREET ADDRESS	412 NE 195 ST.		STREET ADDRESS		
CITY - ST - ZIP	MIAMI 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 exemptions contained in Section 119, 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: <i>Arthur Wise</i> ARTHUR WISE			<i>4/20/2006 - 305-652-2176</i>		