2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2006 8:00 am Secretary of State

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SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-02-2006 90150 031 ****61.25 **DOCUMENT #744643** VILLAGE GREEN OF BRADENTON CONDOMINIUM. SECTION 9, ASSOCIATION, INC. Principal Place of Business Mailing Address 40077344 4400 EL CONQUISTADOR 4400 EL CONQUISTADOR BRADENTON, FL 34210 US BRADENTON, FL 34210 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02282006 CR2E037 (11/05) City & State Applied For City & State 4. FEI Number 59-2029907 Not Applicable Zip Country Zip Country \$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 JOHN A HAGERTY 4400 EL CONQUISTADOR PKWY Street Address (P.O. Box Number is Not Acceptable) BRADENTON, FL 34210 City 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 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Addition TITLE NAME NEAL, JOHN NAME STREET ADDRESS 6808 9TH AVE W STREET ADDRESS BRADENTON, FL 34209 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE ☐ Change ONDRE, NORMA SUE NAME 804-68TH ST WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34209 CITY-ST-ZIP DS Addition TITLE ☐ Change TITLE NAME ADAMS, HAROLD NAME 691 9TH AVE STREET ADDRESS STREET ADDRESS BRADENTON, FL 34209 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE Change PEARCE, RICHARD NAME NAME STREET ADDRESS 7004 9TH AVE WEST STREET ADDRESS BRADENTON, FL 34209 CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Change noitibb TITLE ☐ Delete NAME NAME anch STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.