

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90086 001 ****61.25

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1. Entity Name
VILLAGE ON THE GREEN CONDOMINIUM I
ASSOCIATION, INC.



Principal Place of Business

40347 US 19 N.
STE. 229
TARPON SPRINGS, FL 34689 US

Mailing Address

40347 US 19 N.
STE. 229
TARPON SPRINGS, FL 34689 US

60024800



DO NOT WRITE IN THIS SPACE

03072007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-1898018

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TANKER, ROBERT L
1022 MAIN ST. STE D
DUNEDIN, FL 34698

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee Is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME STADMAN, CHARLES
STREET ADDRESS 2526A LAURELWOOD DR
CITY-ST-ZIP CLEARWATER, FL 33763

TITLE PD
NAME BECKMAN, MARGE
STREET ADDRESS 2540-C LAURELWOOD DR
CITY-ST-ZIP CLEARWATER, FL 33763

TITLE VPD
NAME KIBEL, GERALDINE
STREET ADDRESS 2572 B LAURELWOOD DR
CITY-ST-ZIP CLEARWATER, FL 33763

TITLE TD
NAME BRADNER, BOB
STREET ADDRESS 2298 A LAURELWOOD DR
CITY-ST-ZIP CLEARWATER, FL 33763

TITLE TD
NAME CLARRIDGE, JUDITH
STREET ADDRESS 2544-A LAURELWOOD DR.
CITY-ST-ZIP CLEARWATER, FL 33763

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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.

SIGNATURE:

Judith Clarridge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-07

Date

Daytime Phone #