

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90012 045 ****61.25

DOCUMENT # 751805	
1. Entity Name	
VILLAS ON THE GREEN HOMEOWNER'S ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
518 NE 195TH ST. N. MIAMI BEACH FL 33179 US	518 NE 195TH ST. N. MIAMI BEACH FL 33179 US



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-2378062	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BROUGH, CHADROW & LEVINE, P.A. GLOBAL COMMERCE CENTER 1900 N. COMMERCE PKWY WESTON FL 33326

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
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FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	KROP, VALERIE	NAME	Anthony CARRILLO
STREET ADDRESS	500 NE 195 STREET	STREET ADDRESS	516 NE 195 ST
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	CITY-ST-ZIP	N. Miami FL 33179
TITLE	D ☐ Delete	TITLE	☐ Change ☐ 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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GARIB, NANCY	NAME	
STREET ADDRESS	518 NE 195 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MORALES, SHARON	NAME	
STREET ADDRESS	510 NE 195 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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: *Arthur Wise* - ARTHUR WISE - 1/23/08-305652-2126