

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727126

FILED
Apr 18, 2009
Secretary of State

Entity Name: VILLAS ON THE GREEN CONDOMINIUM ASSOCIATION INC

Current Principal Place of Business:

717 US HWY ONE
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3874
TEQUESTA, FL 334690874

New Mailing Address:

FEI Number: 59-1565256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAIN, DEBRA
717 US HWY ONE #904
JUPITER, FL 33477 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BAIN, DEBRA
Address: 717 US 1 S UNIT 904
City-St-Zip: JUPITER, FL 33477

Title: D () Delete
Name: MOSLEY, LUCILLE
Address: 717 US HWY 1 3210
City-St-Zip: JUPITER, FL 33477

Title: M () Delete
Name: LAHANNA, ROBERT
Address: 717 US 2 S UNIT 305
City-St-Zip: JUPITER, FL 33477

Title: M () Delete
Name: ECKLOFF, ALAN
Address: 717 US HWY I STE 602
City-St-Zip: JUPITER, FL

Title: D () Delete
Name: GRENNON, LUANNE
Address: 717 US HWY ONE #601
City-St-Zip: JUPITER, FL 33477

Title: S () Delete
Name: HARRIS, PATRICIA
Address: 717 US 1 SOUTH UNIT 606
City-St-Zip: JUPITER, FL 33477

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MOSLEY, LUCILLE
Address: 717 US HWY 1 #210
City-St-Zip: JUPITER, FL 33477

Title: T (X) Change () Addition
Name: LAMANNA, ROBERT
Address: 717 US 2 S UNIT 305
City-St-Zip: JUPITER, FL 33477

Title: D (X) Change () Addition
Name: HENRY, TIMOTHY
Address: 717 US HWY I # 812
City-St-Zip: JUPITER, FL

Title: D (X) Change () Addition
Name: GRENNAN, LUANNE
Address: 717 US HWY ONE #601
City-St-Zip: JUPITER, FL 33477

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA BAIN

PRES

04/18/2009

Electronic Signature of Signing Officer or Director

Date