

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751805

Entity Name: VILLAS ON THE GREEN HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**518 NE 195TH ST.
N. MIAMI BEACH, FL 33179**Current Mailing Address:**518 NE 195TH ST.
N. MIAMI BEACH, FL 33179 US**FEI Number:** 59-2378062**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROUGH, CHADROW & LEVINE, P.A.
GLOBAL COMMERCE CENTER
1900 N. COMMERCE PKWY
WESTON, FL 33326 US*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**Officer/Director Detail :**

Title	D
Name	KROP, VALERIE
Address	500 NE 195 STREET
City-State-Zip:	NORTH MIAMI BEACH FL 33179

Title	D
Name	NANCY GARIB
Address	518 NE 195TH ST.
City-State-Zip:	N. MIAMI BEACH FL 33179

Title	D
Name	GARIB, NANCY
Address	518 NE 195 ST
City-State-Zip:	MIAMI FL 33179

Title	D
Name	MORALES, SHARON
Address	510 NE 195 ST
City-State-Zip:	MIAMI FL 33179

Title	D
Name	VALERIE KROP
Address	518 NE 195TH ST.
City-State-Zip:	N. MIAMI BEACH FL 33179

Title	PRESIDENT
Name	REISS, LARRY
Address	518 NE 195TH ST.
City-State-Zip:	N. MIAMI BEACH FL 33179

Title	DIRECTOR
Name	SCHNEIR, RICHARD
Address	518 NE 195TH ST.
City-State-Zip:	NORTH MIAMI FL 33179

I hereby 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 all other like empowered.

SIGNATURE: NANCY GARIB**DIRECTOR****01/28/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date