

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Apr 20 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 277012 (1)
 1. Corporation Name
VILLAGE GREEN MANAGEMENT CORPORATION



Principal Place of Business 503 12TH AVE. SOUTH NAPLES FL 33940	Mailing Address 503 12TH AVE. SOUTH NAPLES FL 33940
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 12/30/1963	
4. FEI Number 59-1088883	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JARVIE, JOHN S
518-12TH AVE. SO.
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	VS <input type="checkbox"/> DELETE
NAME	WESEMEYER, RUTH
STREET ADDRESS	566 BROAD AVE S
CITY-ST-ZIP	NAPLES FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	COPP, STILLMAN
STREET ADDRESS	680 12TH AVE SO
CITY-ST-ZIP	NAPLES FL 34102
TITLE	EV <input type="checkbox"/> DELETE
NAME	WIRE, DON
STREET ADDRESS	516 12TH AVE S
CITY-ST-ZIP	NAPLES FL
TITLE	P <input type="checkbox"/> DELETE
NAME	JARVIE, JOHN
STREET ADDRESS	621 12TH AVE, SO
CITY-ST-ZIP	NAPLES FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	ELKIN, DAWN
STREET ADDRESS	647 - 12TH AVE SO.
CITY-ST-ZIP	NAPLES FL 34102
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE *John S. Jarvie* John S. Jarvie #Naples Naples, FL

CR2E034 (10/97)