

FILED
May 15, 2002 8:00 am
Secretary of State

04-07-2002 90085 023 ****61.25
05-15-2002 90063 002 ****88.75

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 291853
1. Entity Name
Village Green "C" Corporation
Cypress Club

DO NOT WRITE IN THIS SPACE



2. Principal Place of Business
402 12th Avenue S
Suite, Apt. #, etc.
City & State
Naples, FL
Zip
34102 Country

3. Mailing Address
745 12th Avenue S.
Suite, Apt. #, etc.
Suite AA
City & State
Naples, FL
Zip
34102 Country

4. FEI Number
59-3687994
Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name Moore Property Management
Street Address (P.O. Box Number is Not Acceptable)
745-12th Ave. S, Ste AA
City Naples FL Zip Code 34102

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reissuing)

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D John Vickers 402 12th Ave S. Naples, FL 34102 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Gayle Rose 402 12th Ave S Naples, FL 34102 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Mary Moritz 402 12th Ave S Naples, FL 34102 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Patricia Meahan 402 12th Ave S Naples, FL 34102 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Ernst Hauer 402 12th Ave S Naples, FL 34102 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address-witness other like empowered.

SIGNATURE: John Vickers John Vickers 3/27/02 941-262 5051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR