


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90173 016 ***150.00

DOCUMENT # 338217 1. Entity Name VILLAGE GREEN H CORPORATION					
Principal Place of Business 503 12TH AVENUE SOUTH NAPLES, FL 33940			Mailing Address 745 12TH AVE S STE AA NAPLES, FL 34102		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1065888	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MOORE PROPERTY MANAGEMENT 745 12TH AVE SO STE AA NAPLES, FL 34102				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALL, JOAN 402 BROAD AVE. SOUTH NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVE WALLACE 482 Broad Ave. S. NAPLES, FL 34102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SERAK, JOHN 402 BROAD AVE SOUTH NAPLES, FL 34102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EASTMAN, PAULINE 402 BROAD AVE. SOUTH NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOYCE FERRERA 428 Broad St. S. NAPLES, FL 34102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICHARDS, ERNEST 402 BROAD AVE SOUTH NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETH BERTALON 464 Broad St. S. NAPLES, FL 34102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD O'SHAUGHNESSEY, WILLIAM 474 BROAD AVE. SOUTH NAPLES, FL 34102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SABLES, JUDITH 478 BROAD AVE. SOUTH NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOAN TAYLOR 30 Cambridge Circle MANCHESTER, CT 06042	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-18-06 Daytime Phone # _____		

40078433



04242006 Chg-P CR2E034 (11/05)

\$8.75 Additional Fee Required

FL

Zip Code

☐ Change ☒ Addition

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