SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $500)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 AM 8:16

DOCUMENT # 730645 (9)

1. Corporation Name

NUMBER 2 CONDOMINIUM ASSOCIATION -VILLAGE GREEN, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
200 VILLAGE GREEN CIRLE EAST K-322 PALM SPRINGS FL 33461	200 VILLAGE GREEN CIRLE EAST K-322 PALM SPRINGS FL 33461

3. Date Incorporated or Qualified: 09/11/1974
3a. Date of Last Report: 03/07/1994
4. FEI Number: 59-2146020 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

SEACREST MGMT CO
3700 GEORGIA AVE
W PALM BCH, FL
33405

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	JACOBSON, ADDIE	12 NAME	
STREET ADDRESS	200 VILLAGE GREN CIR E.	13 STREET ADDRESS	
CITY-ST-ZIP	PALM SPRGS, FL 00000	14 CITY-ST-ZIP	
TITLE	ASTD	21 TITLE	ASTD ☒ Change ☐ Addition
NAME	HARBOUR, PAUL	22 NAME	JOHN JOHNSON
STREET ADDRESS	300 VILLAGE GREEN CIR S	23 STREET ADDRESS	300 VILLAGE GREEN CIRCLE S
CITY-ST-ZIP	PALM SPRINGS, FL 00000	24 CITY-ST-ZIP	PALM SPRINGS, FL. 33461
TITLE	SD	31 TITLE	SD ☒ Change ☐ Addition
NAME	FERRARA, ANTHONY	32 NAME	MILTON WINER
STREET ADDRESS	400 VILLAGE GREEN CIR W	33 STREET ADDRESS	300 VILLAGE GREEN CIRCLE S
CITY-ST-ZIP	PALM SPRINGS, FL 00000	34 CITY-ST-ZIP	PALM SPRINGS, FL. 33461
TITLE	VPD	41 TITLE	☐ Change ☐ Addition
NAME	SARACINO, MARY	42 NAME	
STREET ADDRESS	200 VILLAGE GREEN CIR E	43 STREET ADDRESS	
CITY-ST-ZIP	PALM SPRINGS, FL 00000	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	TD ☒ Change ☐ Addition
NAME	WINER, MILTON	52 NAME	GEORGE LINDEMAN
STREET ADDRESS	300 VILLAGE GREEN CIR S	53 STREET ADDRESS	300 VILLAGE GREEN CIRCLE S
CITY-ST-ZIP	PALM SPRINGS FL	54 CITY-ST-ZIP	PALM SPRINGS, FL. 33461
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MARY SARACINO Mary Saracino 6/19/95 407/439-6425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011765