

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 730645 (9)

1. Corporation Name

NUMBER 2 CONDOMINIUM ASSOCIATION -VILLAGE GREEN, INC.



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
06/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

JACOBSON, ADDIE

STREET ADDRESS

200 VILLAGE GREN CIR E.

CITY-ST-ZIP

PALM SPRGS, FL 00000

TITLE

ASTD

☐ DELETE

NAME

JOHNSON, JOHN

STREET ADDRESS

300 VILLAGE GREEN CIR S

CITY-ST-ZIP

PALM SPRINGS, FL 00000

TITLE

SD

☐ DELETE

NAME

WINER, MILTON

STREET ADDRESS

300 VILLAGE GREEN CIRCLE S.

CITY-ST-ZIP

PALM SPRINGS, FL 00000

TITLE

VPD

☐ DELETE

NAME

SARACINO, MARY

STREET ADDRESS

200 VILLAGE GREEN CIR E

CITY-ST-ZIP

PALM SPRINGS, FL 00000

TITLE

TD

☐ DELETE

NAME

LINDEMAN, GEORGE

STREET ADDRESS

300 VILLAGE GREEN CIR S

CITY-ST-ZIP

PALM SPRINGS FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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:

Addie Jacobson, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E037 (12/95)