2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 730645** Jul 21, 2000 8:00 am **Secretary of State** NUMBER 2 CONDOMINIUM ASSOCIATION -VILLAGE GREEN. 07-21-2000 90151 048 ****61.25 Principal Place of Business Mailing Address 200 VILLAGE GREEN CIRLE EAST 200 VILLAGE GREEN CIRLE EAST PALM SPRINGS FL 33461 PALM SPRINGS FL 33461 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2146020 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SEACREST MGMT CO 3700 GEORGIA AVE W PALM BCH, FL City Zip Code 33405 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State After September 13, 2000 min. will be \$236.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition ASTD Delete TITLE TITLE ASTD LIBERONI, FRANK NAME NAME PETERS, TOM **400 VILLAGE GREEN CIRCLE** STREET ADDRESS STREET ADDRESS 300 VILLAGE GREEN CIRCLE CITY-ST-ZIP CITY-ST-ZIP PALM SPRGS FL 33461 PALM SPRINGS, FL. 33461 ☐ Change PD ☐ Delete TITLE ☐ Addition TITI E NAME JOHNSON, JOHN NAME STREET ADDRESS STREET ADDRESS 300 VILLAGE GREEN CIR S CITY-ST-ZIP CITY-ST-7IP PALM SPRINGS, FL 90000 33461 ☐ Addition **VPD** Change Delete TITLE TITLE WINER, MILTON NAME NAME STREET ADDRESS STREET ADDRESS 300 VILLAGE GREEN CIRCLE S. CITY-ST-7IP CITY-ST-ZIP PALM SPRINGS, FL 99909 SD X Changé Addition SD 🔀 Delete TITLE TITLE MOONEY, CLEMENT J. NAME PROC. ANDREW NAME STREET ADDRESS 400 VILLAGE GREEN CIRCLE STREET ADDRESS 200 VILLAGE GREEN CIRCLE E CITY-ST-7IP PALM SPRINGS, FL. CITY-ST-ZIP 33461 PALM SRPGS FL TD Change ☐ Addition TITLE □ Defete TITLE LINDEMAN, GEORGE NAME NAME STREET ADDRESS 300 VILLAGE GREEN CIR S STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM SPRINGS FL 33461 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND PPED OR PRINTED NAME OF SIGNATURE AND PPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

12. 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 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 Block 11 if

7/12/00

<u>(561) 439-6425</u>

Daytime Phon

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