

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90032 035 ****61.25

DOCUMENT # 730645

1. Entity Name

**NUMBER 2 CONDOMINIUM ASSOCIATION -VILLAGE
GREEN, INC.**



Principal Place of Business

**700 VILLAGE GREEN CT
H 322
PALM SPRINGS FL 33461**

Mailing Address

**700 VILLAGE GREEN CT
H 322
PALM SPRINGS FL 33461**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2146020

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARNOLD, MARY
700 VILLAGE GREEN CT
H 322
PALM SPRINGS FL 33461**

Name

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

City

FL

Zip Code

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

Mary Katherine Arnold

Mary Katherine Arnold 3/5/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME LIBERONI, FRANK
STREET ADDRESS 400 VILLAGE GREEN CIRCLE
CITY-ST-ZIP PALM SPRGS FL 33461 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME MANCINI, DAN
STREET ADDRESS 400 VILLAGE GREEN CIRCLE
CITY-ST-ZIP PALM SPRINGS FL 33461 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME SARACINO, MARY
STREET ADDRESS 200 VILLAGE GREEN CIRCLE
CITY-ST-ZIP PALM SPRINGS FL 33461 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ~~TRNS~~ ~~ASTD~~
NAME MOONEY, C.J.
STREET ADDRESS 400 VILLAGE GREEN CIR
CITY-ST-ZIP PALM SPRINGS FL 33461 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME JACOBSON, JOHN
STREET ADDRESS 200 VILLAGE GREEN CIR
CITY-ST-ZIP PALM SPRINGS FL 33461 ☒ Delete

TITLE ~~ASTD~~ ~~TRNS~~
NAME Arthur Guenneville
STREET ADDRESS 200 Village Green Cir.
CITY-ST-ZIP Palm Springs, FL 33461 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE:

Daniel Mancini V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5614396425