

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90110 045 \*\*\*\*61.25

**DOCUMENT # 730645**

1. Entity Name

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



Principal Place of Business

**200 VILLAGE GREEN CIRLE EAST  
K-322  
PALM SPRINGS FL 33461**

Mailing Address

**200 VILLAGE GREEN CIRLE EAST  
K-322  
PALM SPRINGS FL 33461**

2. Principal Place of Business

**700 Village Green Ct  
N 322**

3. Mailing Address

**700 Village Green Ct.  
N 322**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Palm Springs, FL**

**Palm Springs, FL**

Zip

Country

Zip

Country

**33461**

**USA**

**33461**

**USA**

6. Name and Address of Current Registered Agent

**SEACREST MGMT CO  
3700 GEORGIA AVE  
WEST PALM BEACH FL 33405**

7. Name and Address of New Registered Agent

**Name: Seacrest Services  
Street Address (P.O. Box Number is Not Acceptable): 2400 Centre Park West Dr.  
Suite 175  
City: West Palm Beach FL Zip Code: 33409**

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 *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-5-03**

**FILE NOW: FEE IS \$61.25**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>LIBERONI, FRANK<br>400 VILLAGE GREEN CIRCLE<br>PALM SPRGS FL 33461  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>MANCINI, DAN<br>400 VILLAGE GREEN CIRCLE<br>PALM SPRINGS FL 33461  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>SARACINO, MARY<br>200 VILLAGE GREEN CIRCLE<br>PALM SPRINGS FL 33461 | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ASTD<br>MOONEY, C.J.<br>400 VILLAGE GREEN CIR<br>PALM SPRINGS FL 33461    | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Treasurer   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>JACOBSON, JOHN<br>200 VILLAGE GREEN CIR<br>PALM SPRINGS FL 33461    | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Assistant Secretary/Treasurer<br>Lawrence Young<br>700 Village Green Ct, N203<br>Palm Springs, FL 33461 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

CR2E037 (10/02)

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: *[Signature]*

**514201625**