

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90042 026 \*\*\*\*61.25

**DOCUMENT # 737777**

1. Entity Name  
**VILLAGE GREEN CONDOMINIUM ASSOCIATION OF  
SARASOTA, INC.**



Principal Place of Business  
**3463 BEE RIDGE RD  
SARASOTA, FL 34239 US**

Mailing Address  
**3707 RADNOR PLACE  
SARASOTA, FL 34232 US**

40021375



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1961494**

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

**PROKOP PA  
3707 RADNOR PLACE  
SARASOTA, FL 34242**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D PLATON, DONALD** ☐ Delete  
**3435 BEE RIDGE RD UNIT 220**  
**SARASOTA, FL 34239**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD PFIEGER, SALLY** ☒ Delete  
**3435 BEE RIDGE RD #217**  
**SARASOTA, FL 34232**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD JOHN PARISI** ☐ Change ☒ Addition  
**3435 BEE RIDGE RD #205**  
**SARASOTA FL 34239**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD PEZZELLA, MARIO** ☐ Delete  
**3860 MALEC CIRCLE**  
**SARASOTA, FL 34233**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD MCGUIRE, JOHN** ☐ Delete  
**3463 BEE RIDGE ROAD UNIT 318**  
**SARASOTA, FL 34239**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP VOLLMER, HELENE** ☐ Delete  
**4005 CASEY KEY ROAD**  
**NOKOMIS, FL 34275**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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 exemptions contained in Chapter 119, 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:**

*Mario Pezzella* **MARIO PEZZELLA** 2-1-08 941-924-3228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #