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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 10 PM 2:01

DOCUMENT # 743538 (1)

1. Corporation Name

VILLAGE ON THE GREEN CONDOMINIUM I ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O HOLIDAY ISLES PROPERTY MGMT
7850 ULMERTON RD., STE 1
LARGO FL 34641

C/O HOLIDAY ISLES PROPERTY MGMT
7850 ULMERTON RD., STE 1
LARGO FL 34641

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/11/1978 3a. Date of Last Report 03/28/1994
4. FEI Number 59-1898018 Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLIDAY ISLES PROPERTY MANAGEMENT, INC.
7850 ULMERTON RD
SUITE #1
LARGO FL 34641

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ROUSE, PERCY
STREET ADDRESS 2596 D LAURELWOOD DR
CITY-ST-ZIP CLEARWATER FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE S
NAME CHEROUVIS, DOROTHY
STREET ADDRESS 2596 A LAURELWOOD DR
CITY-ST-ZIP CLEARWATER FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE T
NAME LOWERY, GEORGE
STREET ADDRESS 2568 B LAURELWOOD DR
CITY-ST-ZIP CLEARWATER FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TD
STADMAN, CHARLES
2526A Laurelwood Dr
Clearwater, FL

Change Addition

TITLE V
NAME HEISEL, HOLLY
STREET ADDRESS 2502 C LAURELWOOD DR
CITY-ST-ZIP CLEARWATER FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

SD

Change Addition

TITLE D
NAME WILSON, CHRISTOPHER
STREET ADDRESS 2568 C LAURELWOOD DR
CITY-ST-ZIP CLEARWATER FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

VD

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Percy E Rouse*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PERCY ROUSE

1/25/95 (813) 794 4557
Date Daytime Phone #