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## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 01, 2004 8:00 am Secretary of State 03-01-2004 90055 007 \*\*\*\*61.25

| DOCUMENT # 743538  1. Enlity Name VILLAGE ON THE GREEN CONDOMINIUM I ASSOCIATION, INC.   |   | 03-01-2004 90055                      | 007 ****61.25  |                                   |  |  |
|--|---|---------------------------------------|--|-----------------------------------|--|--|
| Principal Place of Business<br>1799-B N. BELCHER ROAD<br>CLEARWATER, FL 33765 US   | Mailing Address<br>1799-B N. BELCHER RO<br>C/O AMERITECH PROP. I<br>CLEARWATER, FL 3376 | MGMT.                                 | リサびんた。<br>・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・                   |                                   |  |  |
| 2. Principal Place of Business PO Box 1156   | 3. Mailing Address PO Box 1156  |                                       |  |                                   |  |  |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.   | р. Мамт. Сер                          |  | 037 (10/03)                       |  |  |
| City & State DUNEDIN, FL   | City & State  DUNED IN, FL  |                                       | 4. FEI Number 59-1898018   | Applied For Not Applicable        |  |  |
| Zip Country<br>34697-1150 US   | zip<br>34697-1156   | Country                               | 5. Certificate of Status Desired                                 | \$8.75 Additional<br>Fee Required |  |  |
| 6. Name and Address of Current I   |   |                                       | 7. Name and Address of New Registered                            | Agent                             |  |  |
| AMERI-TECH REALTY, INC.  1799-B NORTH BELCHER ROAD  CLEARWATER, FL 33765  CLEARWATER, FL 33765  CLEARWATER, FL 33765  CName  KORET L. TANKEL  Street Address (P.O. Box Number is Not Acceptable)  1022 MAIN ST., STED  |   |                                       |  |                                   |  |  |
|  |   | City                                  | in a 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<br>Due by May 1, 2004  | 9. Election Cam<br>Trust Fund Co  |                                       |  | k payable to<br>riment of State   |  |  |
| 10. OFFICERS AND DIR   |   | 11.                                   | ADDITIONS/CHANGES TO OFFICERS AND D                              |                                   |  |  |
| NAME STADMAN, CHARLES STREET ADDRESS 2526A LAURELWOOD DR CITY-ST-ZIP CLEARWATER, FL 33763  | ☐ Delete  | NAME STA-<br>STREET AODRESS 2-52      | DMAN, CHARLES<br>26A LAUREZWOODDR<br>ERRWATER, FL 33763          | ⊠ Change                          |  |  |
| TITLE PD   | ☐ Delete  | TITLE                                 |  | ☐ Change ☐ Addition               |  |  |
| NAME BECKMAN, MARGE STREET ADDRESS 2540-C LAURELWOOD DR CITY-ST-ZIP CLEARWATER, FL 33763   |   | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | ,                                 |  |  |
| TITLE VPD  NAME HENRY, MARY ANN  "STREET ADDRESS 12568-A"LAURELWOOD DR "  CLEARWATER, FL 33763   | ☑ Delete  | STREET ADDRESS - 259                  | NING, NICULE  BUB CHORELWOOD DR.  ETAWATER, CL 33763             | ☐ Change 🔀 Addition               |  |  |
| TITLE TD NAME KIRK, JAMES STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33763  | ☐ Delete  | STREET ADDRESS 2.50                   | K, JAMES<br>16-A LAURELWOOD DR<br>ENGLWATER, FL 33763            | Change Addition                   |  |  |
| TITLE ' NAME STREET ADDRESS CITY-ST-ZIP  | □ Delete  | STREET ADDRESS 2.54                   | )<br>ARRIOGÉ, JUDITH<br>HY-A LAUREZWOOD DR<br>EARWATEK, FL 33763 | ☐ Change 🔀 Addition               |  |  |
| TITLE NAME STREET ADDRESS CITY- ST-ZIP   | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP | n Section 119.07(3)(i). Florida Statutes. I further ce           | ☐ Change ☐ Addition               |  |  |

12. I nereby 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: Devolute Clarredge                                      |      | 127-734-8451    |
|--|------|-----------------|
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |
|  |      |                 |