

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90066 046 ****61.25

DOCUMENT # 743538					
1. Entity Name VILLAGE ON THE GREEN CONDOMINIUM I ASSOCIATION, INC.					
Principal Place of Business 40347 US 19 N. STE. 229 TARPON SPRINGS, FL 34689 US			Mailing Address 40347 US 19 N. STE. 229 TARPON SPRINGS, FL 34689 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1898018	
Zip		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent TANKER, ROBERT L 1022 MAIN ST. STE D DUNEDIN, FL 34698				7. Name and Address of New Registered Agent Name <u>JIM RANALLO</u> Street Address (P.O. Box Number is Not Acceptable) <u>40347 US 19 N, Ste 229</u> City <u>TARPON SPRINGS</u> FL Zip Code <u>34689</u>	
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 <u>[Signature]</u> <u>JIM RANALLO</u> Signature, typed or printed name of registered agent and title if applicable.				DATE <u>1/4/2008</u> (NOTE: Registered Agent signature required when reinstating)	
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 STADMAN, CHARLES 2526A LAURELWOOD DR CLEARWATER, FL 33763	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHADE, LESLIE 2544-C Laurelwood Dr Clearwater, FL 33763	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BECKMAN, MARGE 2540-C LAURELWOOD DR CLEARWATER, FL 33763	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Kirk, Jim 2506-A Laurelwood Dr Clearwater, FL 33763	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD KIBEL, GERALDINE 2572 B LAURELWOOD DR CLEARWATER, FL 33763	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD Picking, Nikki 2546-D Laurelwood Dr Clearwater, FL 33763	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BRADNER, BOB 2298 A LAURELWOOD DR CLEARWATER, FL 33763	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HENRY, MARY ANN 2548-A LAURELWOOD DR Clearwater, FL 33763	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CLARRIDGE, JUDITH 2544-A LAURELWOOD DR. CLEARWATER, FL 33763	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COFFEE, RALPH 2580-A Laurelwood Dr Clearwater, FL 33763	☐ 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: <u>[Signature]</u> <u>JR KIRK</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>727-958-7730</u> Daytime Phone #	