


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90016 050 ****61.25

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|--|---|---|---|---|--|
| DOCUMENT # 743956 1. Entity Name VILLAGE ON THE GREEN RECREATION ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 2180 W. SR 434 SUITE 5000 LONGWOOD, FL 32779-5044 | | | Mailing Address 2180 W. SR 434 SUITE 5000 LONGWOOD, FL 32779-5044 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2004465 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent HART, JAMES W JR C/O SENTRY MANAGEMENT, INC. 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779-5044 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small> | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 BECKMAN, MARGE 2540-C LAURELWOOD DR CLEARWATER, FL 33763 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOY, JACK 2456 BAYBERRY CT CLEARWATER, FL 33763 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD MARION, BETTY 2238 SEQUOIA DR CLEARWATER, FL 33763 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KIBEL, GERI 2572 B LAURELWOOD DR CLEARWATER, FL 33763 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PIERCEY, MARY LOU 2557 C LAURELWOOD DR CLEARWATER, FL 33763 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SAMARITANO, SONNY 2248 SEQUOIA DRIVE CLEARWATER, FL 33763 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D INFINGER, FRED 2231 SEQUOIA DR CLEARWATER, FL 33763 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD VOLLARO, JOE 2555 H ROYAL PINE CIRCLE CLEARWATER, FL 33763 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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>Mary La Process</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 3-17-08 <small>Date Daytime Phone #</small> | | |