


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90121 046 ****61.25

DOCUMENT # 744083	
1. Entity Name VILLAGE ON THE GREEN HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 7850 ULMERTON RD.,#2 1 LARGO, FL 33771 US	Mailing Address HOLIDAY ISLES PROPERTY MGMT. INC 7850 ULMERTON RD STE 1 LARGO, FL 33771 US
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50029505

2. Principal Place of Business 11350 66th ST N Suite Apt. #, etc. Suite 124 City & State Largo FL Zip 33773 Country Pinellas	3. Mailing Address 11350 66th ST N Suite Apt. #, etc. Suite 124 City & State Largo FL Zip 33773 Country Pinellas
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02212005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1896218	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOLIDAY ISLES PROPERTY MGMT., INC. 7850 ULMERTON RD.,#2 STE 1 LARGO, FL 33771	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11350 66th ST N Suite 124 City Largo FL Zip Code 33773
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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 _____
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Filing Fee is \$61.25 Due by May 1, 2005	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
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																																																																																																																																																
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12. I hereby 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 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR John Constantine	Date _____	Daytime Phone # _____
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