

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90014 017 \*\*\*\*61.25

**DOCUMENT # 744083**

1. Entity Name  
**VILLAGE ON THE GREEN HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
11350 6TH ST N  
STE 124  
LARGO, FL 33773 US

Mailing Address  
11350 6TH ST N  
STE 124  
LARGO, FL 33773 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-1896218**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HOLIDAY ISLES PROPERTY MGMT INC**  
**7850 ULMERTON RD.,#2**  
**11350 66TH ST N**  
**LARGO, FL 33773**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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**  
**Due by May 1, 2006**

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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	CONSTANTINE, JOHN	
STREET ADDRESS	2608 SYCAMORE DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 33763	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MOSES, HENRY	
STREET ADDRESS	2514 BAYBERRY DR	
CITY-ST-ZIP	CLEARWATER, FL 33763	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRAMATTE, ROB	
STREET ADDRESS	2530 BAYBERRY DR.	
CITY-ST-ZIP	CLEARWATER, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CONSTANTINE, CHARLENE	
STREET ADDRESS	2608 SYCAMORE DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 33763	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCENCANEY, JAMES	
STREET ADDRESS	2458 BUTTONWOOD CT	
CITY-ST-ZIP	CLEARWATER, FL 33763	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CONSTANTINE, CHARLENE	
STREET ADDRESS	2608 SYCAMORE DR	
CITY-ST-ZIP	CLEARWATER, FL 33763	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Youmans	
STREET ADDRESS	2220 Sequoia Drive	
CITY-ST-ZIP	Clearwater, FL 33763	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Henry Moses	
STREET ADDRESS	2514 Bay Berry Drive	
CITY-ST-ZIP	Clearwater, FL 33763	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gerard Besaw	
STREET ADDRESS	2223 Bay Berry Lane	
CITY-ST-ZIP	Clearwater, FL 33763	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Porter	
STREET ADDRESS	2623 Hemlock Drive	
CITY-ST-ZIP	Clearwater, FL 33763	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Loida Levy	
STREET ADDRESS	2223 Sequoia Drive	
CITY-ST-ZIP	Clearwater, FL 33763	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

*William Youmans*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**727 540 9402**