2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 11, 2008 8:00 am Secretary of State

DOCUMENT # 746487 1. Entity Name VILLAGE GREEN OF BRADENTON CONDOMINIUM, SECTION 10, ASSOCIATION, INC.							02-11-200	08 90061 ()02 ****6:	1.25
Principal Place 3909 E BAY SUITE 110 HOLMES BEA		Mailing A 3909 E SUITE 1 HOLMES	BAY DR	217	US		81818 81111 51881 18111	1001 01011 0104 0 3		
Principal Place of Business - No P.O. Box # 3			3. Mailing Address							
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.			01292008	Chg-NP	CR2E0	37 (12/06)	
City & State	е	City &	State			4. FEI Numbe 59-2059			<u> </u>	plied For t Applicable
Zip	Country	Zip		Cou	ntry	5. Certificate	of Status Desire	d	\$8.75 Add Foe Requires	
	6. Name and Address of Current	t Registered A	Agent			7. Name and	Address of Ne	w Registered	Agent	
COOPER,				·	Name				_	
3909 E BA SUITE 110					Street Address	(P.O. Box Numbe	er is Not Accepta	able)		
	, ВЕАСН, FL 34217									
i ioeineo i	SEROH, 1 E 34217				City			FL	Zip Code	9
8 The above					l				-	
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	named entity submits this statement for ions of registered agent.	or the purpose	of changing its	registere	ed office or registe	ered agent, or bot	h, in the State o	f Florida. I am	familiar with,	and accept
		or the purpose	of changing its	registere	ed office or registe	ered agent, or bot	h, in the State o	f Florida. I am	i familiar with,	and accept
				·	ed office or registr		h, in the State o	Florida. I am	familiar with,	and accept
the obligat	ions of registered agent. Signature, typed or printed name of registered agen		ble. (NOTE	: Registered	d Agent signature requir	red when reinstating)		DATE		
the obligat	ions of registered agent.			: Registered	d Agent signature require		e	DATE	k payable to	
the obligat	Signature, typed or printed name of registered agen Filling Fee is \$61.25	n and title if application	9. Election Can	: Registered	d Agent signature require	\$5.00 May B	e F	DATE Make chec lorida Depa	k payable to	o tate
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12. I hereby certify that the information supplied with this filling 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 of 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.

CITY-ST-ZIP

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

× 1-30-08

Daytime Phone #