
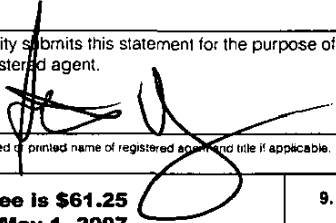

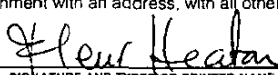


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90069 008 ****61.25

DOCUMENT # 751426 1. Entity Name VILLAGE GREEN CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4200 NW 3RD COURT PLANTATION, FL 33317 US			Mailing Address 6915 TAFT STREET HOLLYWOOD, FL 33024 US		
2. Principal Place of Business - No P.O. Box # 8360 W Oakland Park Blvd		3. Mailing Address PO Box 452199			
Suite, Apt. #, etc. 301		Suite, Apt. #, etc.			
City & State Sunrise, FL		City & State Sunrise, FL		4. FEI Number 59-2504968	
Zip 33351		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33345-2199		Country Broward		Applied For Not Applicable	
6. Name and Address of Current Registered Agent SHAPIRO, PAUL 6915 TAFT STREET HOLLYWOOD, FL 33024			7. Name and Address of New Registered Agent Name Steven S Valancy, P.A. Street Address (P.O. Box Number is Not Acceptable) 311 SE 13 St City Fort Lauderdale FL Zip Code 33316-1923		
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   03-26-07 <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, 2007		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	PD FRASER, WILLIAM 5380 PLANTATION RD PLANTATION, FL 33317	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HEATON, FLEUR 4200 NW 3 CT #234 PLANTATION, FL 33317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRIJBASU, DAVID 404 S. FIGTREE LANE PLANTATION, FL 33317	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHEFFIELD, SHAKUR R 4200 NW 3 CT #317 PLANTATION, FL 33317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RYAN, JAMES 4200 NW 3RD CT #214 PLANTATION, FL 33317	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CASONI, DARILYN 4241 SW 7 ST PLANTATION, FL 33317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAI, JAMES 4721 NW 8TH DRIVE PLANTATION, FL 33317	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN, MICHAEL P 4200 NW 3 CT #215 PLANTATION, FL 33317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DINDIAL, DANA 4200 NW 3RD COURT, UNIT 136 PLANTATION, FL 33317	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAIRAM, BYRAJ H 4200 NW 3 CT #141 PLANTATION, FL 33317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	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:  Fleur Heaton, President 3/27/07 904-673-4347 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					