



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90200 011 ****61.25

DOCUMENT # 751426 1. Entity Name VILLAGE GREEN CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8360 W. OAKLAND PARK BLVD 301 SUNRISE, FL 33351 US			Mailing Address P.O. BOX 452199 SUNRISE, FL 33345-2199 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02122008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2504968	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent VALANCY, STEVEN S P.A. 311 SE 13TH ST FORT LAUDERDALE, FL 33316-1923				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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	DP HEATON, FLEUR 4200 NW 3 CT #234 PLANTATION, FL 33317	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. Heaton, Robert 4200 NW 3rd Court #234 Plantation, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHEFFIELD, SHAKUR R 4200 NW 3 CT #317 PLANTATION, FL 33317	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. Underhill, John 4200 NW 3rd Court #221 Plantation, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CASONI, DARILYN 4241 SW 7 ST PLANTATION, FL 33317	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. Lindich, Donald 4200 NW 3rd Court #218 Plantation, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAI, JAMES 4721 NW 8TH DRIVE PLANTATION, FL 33317	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN, MICHAEL P 4200 NW 3RD CT #215 PLANTATION, FL 33317	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAIRAM, BYRAJ H 4200 NW 3RD CT #141 PLANTATION, FL 33317	<input checked="" 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: <u>Fleur Heaton</u> / <u>President B.O.B. Village Green</u> 2/27/08					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					