


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90015 020 ****61.25

DOCUMENT # 751607	
1. Entity Name NUMBER 4 CONDOMINIUM ASSOCIATION-VILLAGE GREEN, INC.	

Principal Place of Business 2100 SPRINGDALE BLVD PALM SPRINGS, FL 33461	Mailing Address 2100 SPRINGDALE BLVD PALM SPRINGS, FL 33461
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3082 Jog Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State LAKE WORTH, FL	
Zip	Country	Zip 33467	Country USA

40022331



01112007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent STOLOFF, SCOTT A 1818 AUSTRALIAN AVE SOUTH STE 400 WEST PALM BEACH, FL 33409		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, ROY 2100 SPRINGDALE BLVD Y 314 LAKE WORTH, FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARGOLIS, JOE 2000 SPRINGDALE BLVD F103 PALM SPRINGS, FL 33461 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PALMER, ALFRED 2100 SPRING DALE BLVD Y103 LAKE WORTH, FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PALM SPRINGS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ABREU, JOSE 2100 SPRINGDALE BLVD Y204 LAKE WORTH, FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PALM SPRINGS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATRUNOLA, FRANK 2100 SPRING DALE BLVD LAKE WORTH, FL 33461 <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 PICONE, ALICE 2000 SPRINGDALE BLVD PALM SPRINGS, FL 33461 <input 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	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Roy J. Anderson Roy J. Anderson / President 12/21/ February, 2007 561-964-1550