2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 10, 2008 8:00 am Secretary of State

04-10-2008 90015 004 ****61.25

4-4-08

Date

Daytime Phone # 2000

DOCUMENT #751607

1. Entity Name

NÚMBER 4 CONDOMINIUM ASSOCIATION-VILLAGE GREEN, INC.



Principal Place of Business 2100 SPRINGDALE BLVD PALM SPRINGS, FL 33461

SIGNATURE: _

Mailing Address 3082 JOG ROAD LAKE WORTH FL 33467

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SIGNATURE AND FAPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

PALIN SPRIN	63, FL 33401	LAKE WUKTH, FL 33467			 	IIII IIZID DENI OZNI IZ	01 41811 61811 81811 :	AFRIS BEBIS OFF	iitint ni ceni	
2. Principal Place of Business - No P.O. Box # 3. Ma		Mailing Address								
Suite, Apt. #, etc. Si		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04082008	Chg-NP	CR2E037	(12/06)		
City & State		City & State		4. FEI Number 59-2411	161	- -	<u> </u>	plied For		
Zip	Country	Zip	Country		5. Certificate of	Status Desired		8.75 Add	ditional	
	6. Name and Address of Current Regi	stered Agent	1		7. Name and A	ddress of New	Registered Ag	ent		
STOLOFF, SCOTT A 1818 AUSTRALIAN AVE SOUTH STE 400 WEST PALM BEACH, FL 33409			Name Street	Name Street Address (P.O. Box Number is Not Acceptable)						
			City				FL	Zip Cod	e	
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	e il applicable. (NOTE; F	Registered Agent signa	iture required	when reinstating)		DATE			
	Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign F Trust Fund Contribution				\$5.00 May Be Added to Fees	14 14 4 6 6	Wake check p rida Departn	payable to		
10.	OFFICERS AND DIRECT	ORS	11.	7	ADDITIONS/CHAN	IGES TO OFFICE	RS AND DIRE	CTORS IN	10	
TITLE	PD	☐ Delete	TITLE	JVP	1	,,,,	 Г	Change	Addition	
NAME	ANDERSON, ROY		NAME	100	ez. Tony	7				
STREET ADDRESS	2100 SPRINGDALE BLVD Y 314	,	STREET ADDRESS	326	ez, Jony	igaale 1	$biv\alpha_{j}$	50	4	
CITY-ST-ZIP	LAKÉ WORTH, FL 33461		CITY-ST-ZIP	0 1	m Sorin		. 3346			
FITLE	TD	⊠ Delete	TITLE	S	7	7		Change	₩ Addition	
NAME	PALMER, ALFRED		NAME		ar golis,	20G			,,	
STREET ADDRESS	2100 SPRING DALE BLVD Y103		STREET ADDRESS	200	O Sprin	adale	Blud	キマール	o <u>3</u>	
CITY-ST-ZIP	PALM SPRINGS, FL 33461		CITY-ST-ZIP	Pa	Im Sor	Thas. F	L 334	61		
TITLE	SD	Delete	THILE	D	, 1	, 1 ,		Change	Addition	
NAME	ABREU, JOSE		NAME	Fa	riello, F	tmy.				
STREET ADDRESS	2100 SPRINGDALE BLVD Y204		STREET ADDRESS	210	o Sprin	adalel	Studio	1-21:	ا يد	
CITY-ST-ZIP	PALM SPRINGS, FL 33461		City-St-ZIP	Pa	Im Spr	4 nas	FL=	3341	0	
TITLE	D	Delete	TITLE	İ	5	1. 0.1	[Change	☐ Addition	
NAME	MARGOLIS, JOE		NAME							
STREET ADDRESS	2000 SPRINGDALE BLVD F 103		STREET ADDRESS							
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP							
TITLE	D	☐ Delete	TITLE]				Change	Addition	
NAME	PICONE, ALICE		NAME	1						
STREET ADDRESS	2000 SPRINGDALE BLVD		STREET ADDRESS	İ						
CITY-ST-ZIP	PALM SPRINGS, FL 33461		CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					_ Change	Addition	
NAME			NAME						٠	
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP	1						
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 suppliermental 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 attackment with on address, with all others like empowered.										