

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751728 (7)

1. Corporation Name

VILLAS OF VILLAGE GREEN PROPERTY OWNERS' ASSOCIATION INC.



Principal Place of Business

Mailing Address

ASSOCIATION INC.
1487 SE COLCHESTER CIRCLE
PORT ST LUCIE FL 34952

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1487 SE COLCHESTER CIRCLE
PORT ST LUCIE FL 34952

3. Date Incorporated or Qualified
03/26/1980

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-2182228

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORTON, WILLARD
1439 SE COLCHRSTER CIRCLE
PORT ST. LUCIE FL 34952

81 Name George E. Urgo
82 Street Address (P.O. Box Number is Not Acceptable) 90 Concept Management Service
83 7136 SE Osprey Street
84 City Hobe Sound FL 85 Zip Code 33455

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

George E. Urgo
Signature, typed or printed name of registered agent and his address

GEORGE E. URGO

4/29/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GERMAIN, ROBERT S.	
STREET ADDRESS	1562 SE LYNSHIRE COURT	
CITY - ST - ZIP	PORT ST. LUCIE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, WILLIAM	
STREET ADDRESS	1491 SE ASHVILLE CT	
CITY - ST - ZIP	PT ST LUCIE FL	

11 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	FRANK ALESSI	
13 STREET ADDRESS	1462 S.E. BERWICK	
14 CITY - ST - ZIP	PORT ST. LUCIE, FL 34952	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	500001865635	
23 STREET ADDRESS	-06/18/96--01118--027	
24 CITY - ST - ZIP	***61.25	

NAME	RUFOLD, ADRIENNE	
STREET ADDRESS	1517 SE COLCHESTER CIR.	
CITY - ST - ZIP	PORT ST. LUCIE FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MORTON, WILLARD	
STREET ADDRESS	1439 COCHESTER CIR	
CITY - ST - ZIP	PORT ST. LUCIE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MACNEILL, NELSON	
STREET ADDRESS	1490 SE COLCHESTER CIR.	
CITY - ST - ZIP	PT ST LUCIE FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, CLAYTON	
STREET ADDRESS	1575 SE COLCHESTER CIRCLE	
CITY - ST - ZIP	PORT ST. LUCIE FL	

32 NAME	ADRIENNE RUFOLD	
33 STREET ADDRESS	1517 S.E. COLCHESTER CIRCLE	
34 CITY - ST - ZIP	PORT ST. LUCIE, FL 34952	
41 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	MICHAEL COTTER	
43 STREET ADDRESS	1474 S.E. CRAWFORD COURT	
44 CITY - ST - ZIP	PORT ST. LUCIE, FL 34952	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	FRED WITT	
63 STREET ADDRESS	1542 S.E. HATFIELD COURT	
64 CITY - ST - ZIP	PORT ST. LUCIE, FL. 34952	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra B. Morham 4/11/96 407398-0875

Date

Daytime Phone #

CR2E037 (12/95)