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Jan 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

ASSOCIATION, INC.  
1487 SE COLCHESTER CIRCLE  
PORT ST LUCIE FL 34952-4209



3. Date Incorporated or Qualified 03/26/1980  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

ROSS, DEBORAH L ESQ  
WACKEEN CORNETT & GOOGE, P.A.  
401 E. OSCEOLA STREET  
STUART FL 34994

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVP  DELETE  
NAME ALESSI, FRANK  
STREET ADDRESS 1462 SE BERWICK  
CITY-ST-ZIP PORT ST. LUCIE FL 34952

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME SMITH, WILLIAM  
STREET ADDRESS 1491 SE ASHVILLE CT  
CITY-ST-ZIP PT ST LUCIE FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D/S  DELETE  
NAME RUFOLO, ADRIENNE  
STREET ADDRESS 1517 SE COLCHESTER CIR.  
CITY-ST-ZIP PORT ST. LUCIE FL 34952

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE DP  DELETE  
NAME COTTER, MICHAEL  
STREET ADDRESS 1474 SE CRAYRICK CT.  
CITY-ST-ZIP PORT ST. LUCIE FL 34952

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME MACNEILL, NELSON  
STREET ADDRESS 1490 SE COLCHESTER CIR.  
CITY-ST-ZIP PT ST LUCIE FL

5.1 TITLE  Change  Addition  
5.2 NAME ROSSELLI, DANTE  
5.3 STREET ADDRESS 1443 SE COLCHESTER CIR.  
5.4 CITY-ST-ZIP PORT ST LUCIE, FL 34952

TITLE T  DELETE  
NAME WITT, FRED  
STREET ADDRESS 1542 SE HATFIELD CT.  
CITY-ST-ZIP PORT ST. LUCIE FL 34952

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X [Signature] CHAIRMAN

1-16-97 (56) 546-4926

CR2E037 (9/96)