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FILED
Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 751728 (7)
1. Corporation Name
VILLAS OF VILLAGE GREEN PROPERTY OWNERS' ASSOCIATION INC.



Principal Place of Business ASSOCIATION. INC. 1487 SE COLCHESTER CIRCLE PORT ST LUCIE FL 34952	Mailing Address ASSOCIATION. INC. 1487 SE COLCHESTER CIRCLE PORT ST LUCIE FL 34952
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3. Date Incorporated or Qualified
03/26/1980

4. FEI Number
59-2182228

Applied For	
Not Applicable	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	ALESSI, FRANK	
STREET ADDRESS	1462 SE BERWICK	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, WILLIAM	
STREET ADDRESS	1491 SE ASHVILLE CT	
CITY-ST-ZIP	PT ST LUCIE FL	
TITLE	D/S	<input type="checkbox"/> DELETE
NAME	RUFOLO, ADRIENNE	
STREET ADDRESS	1517 SE COLCHESTER CIR.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	COTTER, MICHAEL	
STREET ADDRESS	1474 SE CRAYRICK CT.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSSELLI, DANTE	
STREET ADDRESS	1443 SE COLCHESTER CR	
CITY-ST-ZIP	PT ST LUCIE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WITT, FRED	
STREET ADDRESS	1542 SE HATFIELD CT.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	SERVIDIO, BENNY
2.4 CITY-ST-ZIP	1533 SE CRAYRICK COURT PORT ST LUCIE, FL 34952
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Fred Witt* 4-2-98 561 3359407

CR2E037 (10/97)