

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90131 013 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 751728**

1. Entity Name  
**VILLAS OF VILLAGE GREEN PROPERTY OWNERS' ASSOCIA**

Principal Place of Business      Mailing Address  
**ASSOCIATION. INC.**      **ASSOCIATION. INC.**  
**1487 SE COLCHESTER CIRCLE**      **1487 SE COLCHESTER CIRCLE**  
**PORT ST LUCIE FL 34952**      **PORT ST LUCIE FL 34952-4209**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **59-2182228**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

Zip      Country      Zip      Country

6. Name and Address of Current Registered Agent  
**ROSS, DEBORAH L ESQ**  
**WACKEEN CORNETT & GOOGE, P.A.**  
**401 E. OSCEOLA STREET**  
**STUART FL 34994**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALESSI, FRANK		NAME	Don Nilsson	
STREET ADDRESS	1462 SE BERWICK		STREET ADDRESS	1498 Ashford Place	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952		CITY-ST-ZIP	Port St. Lucie, Fl. 34952	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SERVIDIO, BENNY		NAME	Polly Kratman	
STREET ADDRESS	1533 SE CRAYRICH CT		STREET ADDRESS	1541 Ardella Court	
CITY-ST-ZIP	PT ST LUCIE FL 34952		CITY-ST-ZIP	Port St. Lucie, Fl. 34952	
TITLE	D/S	<input type="checkbox"/> Delete	TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUFOLO, ADRIENNE		NAME	Milt Estner	
STREET ADDRESS	1517 SE COLCHESTER CIR.		STREET ADDRESS	1502 Colchester Circle	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952		CITY-ST-ZIP	Port St. Lucie, Fl. 34952	
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COTTER, MICHAEL		NAME	KOERNIG, ROBERT	
STREET ADDRESS	1474 SE CRAYRICK CT.		STREET ADDRESS	1565 CRAYRICH COURT	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952		CITY-ST-ZIP	Port St. Lucie, Fl. 34952	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSSELLI, DANTE		NAME	Mike Ferrara	
STREET ADDRESS	1443 SE COLCHESTER CR		STREET ADDRESS	1491 Ashville Court	
CITY-ST-ZIP	PT ST LUCIE FL		CITY-ST-ZIP	Port St. Lucie, Fl. 34952	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WITT, FRED		NAME	Chuck McCurdy	
STREET ADDRESS	1542 SE HATFIELD CT.		STREET ADDRESS	1445 Colchester Circle	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952		CITY-ST-ZIP	PORT ST. LUCIE, FL. 34952	

12. 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 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: *Milton Estner*      **MILTON ESTNER**      4/14/00      (561) 335-9407  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)

**FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2000 UNIFORM BUSINESS REPORT  
VILLAS OF VILLAGE GREEN P.O.A.  
ADDITIONAL OFFICERS AND DIRECTORS**

*Attach.  
00071627  
#751728*

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

D  
CLIME, BRUCE  
1526 DEWBERRY COURT  
PORT ST LUCIE, FL 34952

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**