

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

0083045

DOCUMENT # 751728

1. Entity Name

VILLAS OF VILLAGE GREEN PROPERTY OWNERS' ASSOCIA

04-25-2001 90106 037 ****61.25

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



DO NOT WRITE IN THIS SPACE

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

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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	DP	<input type="checkbox"/> Delete
NAME	NILSSON, DON	
STREET ADDRESS	1498 ASHFORD PLACE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	KRATMAN, POLLY	
STREET ADDRESS	1541 ARDELLA CT	
CITY-ST-ZIP	PT ST LUCIE FL 34952	
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	DT	<input type="checkbox"/> Delete
NAME	ESTNER, MILT	
STREET ADDRESS	1502 COLCHESTER CIRCLE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	D Vice President	<input type="checkbox"/> Delete
NAME	KOERNIG, ROBERT	
STREET ADDRESS	1565 CRAYRICH CT	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCURDY, CHUCK	
STREET ADDRESS	1445 COLCHESTER CIRCLE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	

TITLE	Michael Ferraro Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1491 Ashville Ct	
STREET ADDRESS	PORT ST. LUCIE, FL 34952	
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Louise Dingee	
STREET ADDRESS	1491 Colchester Circle	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	
TITLE	Director Bruce Clime	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1526 Dewberry Court	
STREET ADDRESS	PORT ST. LUCIE, FL 34952	
CITY-ST-ZIP		
TITLE	Director Benny Lombardi	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1450 Ashford Place	
STREET ADDRESS	PORT ST. LUCIE, FL 34952	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Donald H. Nilsson DON NILSSON

4-16-01

Date

(561) 546-4926

Daytime Phone #

CR2E037 (10/00)