

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90089 022 ****61.25

DOCUMENT # 751728

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2182228

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSS, DEBORAH L ESO
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	D	<input type="checkbox"/> Delete
NAME	FERRANA, MICHAEL	
STREET ADDRESS	1491 ASHVILLE CT	
CITY-ST-ZIP	PORT SAINT 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	DVP	<input type="checkbox"/> Delete
NAME	KOERNIG, ROBERT	
STREET ADDRESS	1565 CRAYRICH CT	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCURDY, CHUCK	
STREET ADDRESS	1445 COLCHESTER CIRCLE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	

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		
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		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEMICHAEL, FRANK	
STREET ADDRESS	1586 SE TALBROOK CT	
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 information.

DONALD NILSSON

SIGNATURE: *Donald Nilsson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-27-02 (561) 335-9407
 Date Daytime Phone #

CR2E037 (9/01)