


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90014 020 \*\*\*\*61.25

<b>DOCUMENT # 751728</b>					
1. Entity 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 1930 COMMERCE LN #1 JUPITER, FL 33458			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		01262006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-2182228		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$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 <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	Jerry Mc Eriean (Director) <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOMBARDI, BEN	NAME	1447 SE Colchester Cir.		
STREET ADDRESS	1450 SE ASHFORD PLACE	STREET ADDRESS	Port St. Lucie FL 34952		
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	Duane Lang <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARRISON, JOAN	NAME	1437 SE Colchester Circle		
STREET ADDRESS	1490 COLCHESTER CIRCLE	STREET ADDRESS	Port St. Lucie FL 34952		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952	CITY-ST-ZIP			
TITLE	DVP <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WONG, MYRNA	NAME	Karyl Albers		
STREET ADDRESS	1480 COLCHESTER CIRCLE	STREET ADDRESS	1522 SE Hepworth Court		
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	CITY-ST-ZIP	Port St. Lucie FL 34952		
TITLE	DT <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALESSI, FRANK	NAME	Jim Braydon		
STREET ADDRESS	1462 SE BERWICK CT.	STREET ADDRESS	1574 SE Craynich Court		
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	CITY-ST-ZIP	Port St. Lucie FL 34952		
TITLE	DTOTARO <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TATANO, MICHAEL	NAME			
STREET ADDRESS	1574 COLCHESTER	STREET ADDRESS			
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952	CITY-ST-ZIP			
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOMBARDI, BEN	NAME			
STREET ADDRESS	1450 SE ASHFORD PL	STREET ADDRESS			
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Ben Lombardi</u> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					