

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751728

FILED  
Apr 23, 2012  
Secretary of State

**Entity Name:** VILLAS OF VILLAGE GREEN PROPERTY OWNERS' ASSOCIATION INC.

**Current Principal Place of Business:**

1487 SE COLCHESTER CIRCLE  
PORT ST LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

1487 SE COLCHESTER CIRCLE  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

FEI Number: 59-2182228

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BONAN, ELIZABETH P  
789 S. FED. HWY  
STE 101  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: NEILSON, DON  
Address: 1498 SE ASHFORD PLACE  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VP  
Name: LOMBARDI, BENITO  
Address: 1450 ASHFORD PLACE  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: T  
Name: ESTNER, SHIRLEY  
Address: 1502 SE COLCHESTER CIRCLE  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: S  
Name: DINGEE, LOUISE  
Address: 1451 SE COLCHESTER CIRCLE  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D  
Name: TOTARO, MICHAEL  
Address: 1574 S.E. COLCHESTER CIRCLE  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D  
Name: ALBERS, KAROL  
Address: 1522 S.E. HEPWORTH CIRCLE  
City-St-Zip: PORT ST. LUCIE, FL 34952

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DON NIELSON

PD

04/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date