


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90135 006 \*\*\*\*61.25

**DOCUMENT # 751728**

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  
**ASSOCIATION. INC.  
1487 SE COLCHESTER CIRCLE  
PORT ST LUCIE FL 34952**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

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

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

6. Name and Address of Current Registered Agent  
**ROSS, DEBORAH L ESQ  
WACKEN 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>NILSSON, DON<br>1498 ASHFORD PLACE<br>PORT ST. LUCIE FL 34952 <input checked="" type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>FERRANA, MICHAEL<br>1491 ASHVILLE CT<br>PORT SAINT LUCIE FL- 34952 <input type="checkbox"/> Delete                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D/S<br>RUFOLLO, ADRIENNE<br>1517 SE COLCHESTER CIR.<br>PORT ST. LUCIE FL 34952 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>ESTNER, MILT.<br>1502 COLCHESTER CIRCLE<br>PORT ST. LUCIE FL 34952 <input checked="" type="checkbox"/> Delete       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP<br>KOERNIG, ROBERT<br>1565 CRAYRICH CT<br>PORT SAINT LUCIE FL 34952 <input type="checkbox"/> Delete                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DEMICHAEL, FRANK<br>1586 SE TALBROOK CT<br>PORT ST. LUCIE FL 34952 <input type="checkbox"/> Delete                   |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <del>DIRECTOR</del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>Ben Lombardi<br>1450 SE ASHFORD PLACE<br>PORT ST. LUCIE, FL 34952  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <del>DIRECTOR</del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PRESIDENT P10 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>POLLY KRATMAN<br>1541 SE ARDELLA CT.<br>PORT ST. LUCIE, FL 34952         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TREASURER 10 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>FRANK ALESSI<br>1462 SE BERWICK CT.<br>PORT ST. LUCIE, FL 34952           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Vice President 10 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>FRANK DE MICHAEL<br>1462 SE TALBROOK CT.<br>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: BEN LOMBARDI BEN LOMBARDI 2/10/03 (772)335 9407

CR2E037 (10/02)