

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 16 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 759636 (4)**

1. Corporation Name  
**VILLAGE GREEN CONDOMINIUM, SECTION FIFTEEN, INC.**



Principal Place of Business <b>3772 AMESBURY LN SARASOTA FL 34232</b>	Mailing Address <b>3772 AMESBURY LN SARASOTA FL 34232</b>
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3. Date Incorporated or Qualified <b>08/17/1981</b>	Applied For Not Applicable
4. FEI Number <b>59-1514706</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

**9. Name and Address of Current Registered Agent**

**DUNLAP, PHILIP  
3772 AMESBURY LANE  
SARASOTA FL 34232**

**10. Name and Address of New Registered Agent**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>BUEHLER, CHARLES</b>
STREET ADDRESS	<b>3740 AMESBURY LANE</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WARD, MARGARET</b>
STREET ADDRESS	<b>3756 AMESBURY LANE</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>SOPER, RANDOLPH</b>
STREET ADDRESS	<b>3610 MEDFORD LANE</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>DUNLAP, PHILIP</b>
STREET ADDRESS	<b>3772 AMESBURY LANE</b>
CITY-ST-ZIP	<b>SARASOTA, FL 00000</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MOTT, PAUL</b>
STREET ADDRESS	<b>3716 AMESBURY LANE</b>
CITY-ST-ZIP	<b>SARASOTA, FL 00000</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>LINDERS, JOHN</b>
STREET ADDRESS	<b>3601 SOMERVILLE DR</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>MINKS, JOHN</b>
1.3 STREET ADDRESS	<b>3625 SOMERVILLE DR</b>
1.4 CITY-ST-ZIP	<b>SARASOTA FL 34232</b>
2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>MINKS, JOAN</b>
2.3 STREET ADDRESS	<b>3625 SOMERVILLE DR.</b>
2.4 CITY-ST-ZIP	<b>SARASOTA, FL 34232</b>
3.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SOPER, RANDOLPH</b>
3.3 STREET ADDRESS	<b>3610 MEDFORD LANE</b>
3.4 CITY-ST-ZIP	<b>SARASOTA, FL 34232</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address. **PHILIP S. DUNLAP**

SIGNATURE: Philip S. Dunlap Date: Jan 5, 1998 Telephone: 941-922-6030

CR2E037 (10/97)