

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90211 049 ****61.25

0067374

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 759636

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

* 4 1 9 5 1 8 - 9 0 2 1 1 - 4 9 *

Principal Place of Business
 3737 SOMERVILLE DRIVE
 SARASOTA FL 34232

Mailing Address
 3737 SOMERVILLE DRIVE
 SARASOTA FL 34232



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/17/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1514706	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

DUNLAP, PHILIP
 3772 AMESBURY LANE
 SARASOTA FL 34232

81 Name **JOAN MINKS**
 82 Street Address (P.O. Box Number is Not Acceptable)
3625 SOMERVILLE DR
 83
 84 City **SARASOTA** FL 85 Zip Code **34132**

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 *Joan Minks* **JOAN MINKS** DATE **4/12/99**

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	<input type="checkbox"/> DELETE	1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUEHLER, CHARLES		1.2 NAME		
STREET ADDRESS	3740 AMESBURY LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, MARGARET		2.2 NAME		
STREET ADDRESS	3756 AMESBURY LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	PRESIDENT D.R.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOPER, RANDOLPH		3.2 NAME		
STREET ADDRESS	3610 MEDFORD LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNLAP, PHILIP		4.2 NAME	W.D. SIEVERS	
STREET ADDRESS	3772 AMESBURY LANE		4.3 STREET ADDRESS	3737 SOMERVILLE DR	
CITY-ST-ZIP	SARASOTA, FL 00000		4.4 CITY-ST-ZIP	SARASOTA, FL 34132	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTT, PAUL		5.2 NAME		
STREET ADDRESS	3716 AMESBURY LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 00000		5.4 CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MINKS, JOHN		6.2 NAME	MINKS, JOAN	
STREET ADDRESS	3625 SOMERVILLE DR		6.3 STREET ADDRESS	3625 SOMERVILLE DR	
CITY-ST-ZIP	SARASOTA FL 34232		6.4 CITY-ST-ZIP	SARASOTA FL 34132	

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, with a power of attorney.

SIGNATURE: *W.D. Sievers* **W.D. SIEVERS, TREAS.** DATE **4/12/99** DAYTIME PHONE # **941 922 6326**

CR2E037 (11/98)