

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91289 010 ****61.25

DOCUMENT # 759636

1. Entity Name

VILLAGE GREEN CONDOMINIUM, SECTION FIFTEEN, INC.

Principal Place of Business

**3625 SOMERVILLE DRIVE
 SARASOTA FL 34232**

Mailing Address

**3625 SOMERVILLE DRIVE
 SARASOTA FL 34232**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1514706

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MINKS, JOAN
 3625 SOMERVILLE DR
 SARASOTA FL 34232**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DV	<input type="checkbox"/> Delete
NAME	SOPHER, DORTHY	
STREET ADDRESS	3610 MEDFORD LN	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAINEY, ROBERT	
STREET ADDRESS	3641 SOMERVILLE DR	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	P	<input type="checkbox"/> Delete
NAME	BYRD, EVERETT G	
STREET ADDRESS	3633 SOMERVILLER	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SIEVERS, W D	
STREET ADDRESS	3737 SOMERVILLE DR	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	S	<input type="checkbox"/> Delete
NAME	MOTT, PAUL	
STREET ADDRESS	3716 AMESBURY LANE	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHERIDIAN, RUTH	
STREET ADDRESS	3622 AMESBURY LANE	
CITY-ST-ZIP	SARASOTA FL 34232	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER HARRISON	
STREET ADDRESS	3129 SOMERVILLE DR	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *SIGNATURE REQUIRED* **SIEVERS, TR.** *2/28/02* **941-922-6326**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)