

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90043 047 ****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



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State
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
MINKS, JOAN
3625 SOMERVILLE DR
SARASOTA FL 34232

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
Due By May 1, 2004

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: DV NAME: SOPHER, DORTHY STREET ADDRESS: 3610 MEDFORD LN CITY-ST-ZIP: SARASOTA FL 34232	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: HARRISON, PETER STREET ADDRESS: 3729 SOMERVILLE DRIVE CITY-ST-ZIP: SARASOTA FL 34232	<input checked="" type="checkbox"/> Delete
TITLE: P NAME: BYRD, EVERETT-G STREET ADDRESS: 3633 SOMERVILLER CITY-ST-ZIP: SARASOTA FL 34238	<input checked="" type="checkbox"/> Delete
TITLE: I NAME: SIEVERS, W D STREET ADDRESS: 3737 SOMERVILLE DR CITY-ST-ZIP: SARASOTA FL 34238	<input type="checkbox"/> Delete
TITLE: S NAME: MOTT, PAUL STREET ADDRESS: 3716 AMESBURY LANE CITY-ST-ZIP: SARASOTA FL 34238	<input type="checkbox"/> Delete
TITLE: D NAME: SHERIDIAN, RUTH STREET ADDRESS: 3622 AMESBURY LANE CITY-ST-ZIP: SARASOTA FL 34232	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: DV NAME: SHIRLEY WAITE STREET ADDRESS: 3772 AMESBURY LN CITY-ST-ZIP: SARASOTA, FL 34232	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: DONNA WOELFFER STREET ADDRESS: 3601 SOMERVILLE DR CITY-ST-ZIP: SARASOTA, FL 34232	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DP NAME: VIRGINIA BUEHLER STREET ADDRESS: 3740 AMESBURY LN CITY-ST-ZIP: SARASOTA FL 34232	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: W. D. SIEVERS 2/15/04 941 922 6326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #