

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 16, 2006 8:00 am**  
**Secretary of State**

05-16-2006 90020 020 \*\*\*\*61.25

<b>DOCUMENT # 759636</b>			
1. Entity Name <b>VILLAGE GREEN CONDOMINIUM, SECTION FIFTEEN, INC.</b>			
Principal Place of Business <b>3625 SOMERVILLE DRIVE SARASOTA FL 34232</b>		Mailing Address <b>3625 SOMERVILLE DRIVE SARASOTA FL 34232</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number <b>59-1514706</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MINKS, JOAN</b> <b>3625 SOMERVILLE DR</b> <b>SARASOTA FL 34232</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	State <b>FL</b> Zip Code

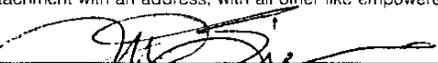
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WAITE, SHIRLEY			NAME			
STREET ADDRESS	3772 AMESBURY LN			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34232			CITY-ST-ZIP			
TITLE	DV	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOELFFER, DONNA			NAME			
STREET ADDRESS	3601 SOMERVILLE DR.			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34232			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	VICA PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUEHLER, VIRGINIA			NAME			
STREET ADDRESS	3740 AMESBURY LANE			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34232			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIEVERS, W D			NAME			
STREET ADDRESS	3737 SOMERVILLE DR			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34238			CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PLAIT, ALAN			NAME	EDWARD DELANEY		
STREET ADDRESS	3729 SOMERVILLE DR			STREET ADDRESS	3609 SOMERVILLE DR		
CITY-ST-ZIP	SARASOTA FL 34232			CITY-ST-ZIP	SARASOTA, FL 34232		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOODFIELD, JEANETTE			NAME			
STREET ADDRESS	3713 SOMERVILLE DR			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34232			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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, TREAS