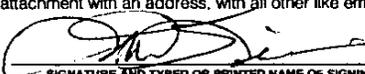


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90434 007 \*\*\*\*61.25

<b>DOCUMENT # 759636</b>			
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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
Make check payable to Florida Department of State			
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	VP <input checked="" type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUEHLER, VIRGINIA	NAME	CAROLINE TIERNY
STREET ADDRESS	3740 AMESBURY LANE	STREET ADDRESS	3090 RIVERA DR.
CITY-ST-ZIP	SARASOTA, FL 34232	CITY-ST-ZIP	SARASOTA, FL 34234
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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELANY, EDWARD	NAME	
STREET ADDRESS	3609 SOMERVILLE DR	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34232	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODFIELD, JEANETTE	NAME	DENELOPE SOBERING
STREET ADDRESS	3713 SOMERVILLE DR	STREET ADDRESS	3638 AMESBURY LN
CITY-ST-ZIP	SARASOTA, FL 34232	CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	ROBERT BAKER
STREET ADDRESS		STREET ADDRESS	3945 SOMERVILLE DR
CITY-ST-ZIP		CITY-ST-ZIP	SARASOTA FL 34234
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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		Date	4/25/07 941-922-6326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #