

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90331 034 ****61.25

DOCUMENT # 759636

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



Principal Place of Business Mailing Address
3625 SOMERVILLE DRIVE 3625 SOMERVILLE DRIVE
SARASOTA FL 34232 SARASOTA FL 34232

10023567



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**

CHECK HERE IF MAKING CHANGES

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 JOAN MINKS DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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	<input type="checkbox"/> Delete
NAME	SOPHER, DORTHY	
STREET ADDRESS	3610 MEDFORD LN	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRISON, PETER	
STREET ADDRESS	3729 SOMERVILLE DRIVE	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES BUEHLER	
STREET ADDRESS	3740 AMESBURY LANE	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERARD DEN UÏL	
STREET ADDRESS	3602 MEDFORD LANE	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	W.D. SIEVERS	
STREET ADDRESS	3737 SOMERVILLE	
CITY-ST-ZIP	SARASOTA, FL 34232	
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: SIEVERS, W.D. SIEVERS, TREAS DATE: 941-922-6326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)