


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

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90224 027 ****61.25

DOCUMENT # 762563 1. Entity Name VILLAGE GREEN TOWNSHOUSES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 322 CANAL RD STE 46 EDGEWATER FL 32132 US		Mailing Address 322 CANAL RD STE 46 EDGEWATER FL 32132 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number NO-T APPLICABLE Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent SIBLEY, ZAYNE D 806 16TH AVENUE NEW SMYRNA BEACH FL 32169			
7. Name and Address of New Registered Agent Name Simon Roper Street Address (P.O. Box Number is Not Acceptable) 1640 Pinedale Rd City Edgewater FL Zip Code 32132		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 4-19-06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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 PD <input type="checkbox"/> Delete NAME ROPER, SIMON STREET ADDRESS 1640 PINEDALE RD. CITY-ST-ZIP EDGEWATER FL 32132				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE TSD <input checked="" type="checkbox"/> Delete NAME SIBLEY, ZAYNE STREET ADDRESS 322 CANAL RD #46 CITY-ST-ZIP EDGEWATER FL 32132-1549				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete NAME HOINACK, HENRY STREET ADDRESS 322 CANAL RD 30 CITY-ST-ZIP EDGEWATER FL 32132				TITLE Secretary-Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete NAME HINDS, JEANIE A STREET ADDRESS 322 CANAL RD 16 CITY-ST-ZIP EDGEWATER FL 32132				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete 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"/> Delete 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 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 persons empowered.					
SIGNATURE: _____ DATE 4-19-06					