2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762563

FILED Jul 21, 2009 Secretary of State

Entity Name: VILLAGE GREEN TOWNSHOUSES HOMEOWNERS ASSOCIATION, INC.

Current P	rincipal Place of Business:	New Principal Place of Business:
322 CANA STE 46 EDGEWA	LRD TER, FL 32132 US	
Current M	lailing Address:	New Mailing Address:
322 CANA STE 46 EDGEWA	LRD TER, FL 32132 US	
	ce with s. 607.193(2)(b), F.S., the corporation did	FEI Number Not Applicable (X) Certificate of Status Desired () not receive the prior notice. Name and Address of New Registered Agent:
	I Address of Current Registered Agent:	Name and Address of New Registered Agent:
	SIMON EDALE ROAD TER, FL 32132 US	
	named entity submits this statement for the e of Florida.	e purpose of changing its registered office or registered agent, or both,
SIGNATU	RE:	
	Electronic Signature of Registered A	gent Date
	Electronic eignature of registered 7 (gent
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Γitle: Name: Address:		
OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	S AND DIRECTORS: PD () Delete ROPER, SIMON 1640 PINEDALE RD.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Change () Addition Name: Address:
Title: Name: Address: City-St-Zip: Title: Name: Address:	S AND DIRECTORS: PD () Delete ROPER, SIMON 1640 PINEDALE RD. EDGEWATER, FL 32132 SD () Delete HOINACK, HENRY 322 CANAL RD 30	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Address:	S AND DIRECTORS: PD () Delete ROPER, SIMON 1640 PINEDALE RD. EDGEWATER, FL 32132 SD () Delete HOINACK, HENRY 322 CANAL RD 30 EDGEWATER, FL 32132 D () Delete HINDS, JEANIE A 322 CANAL RD 16	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIMON ROPER PD 07/21/2009