

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90195 039 ****61.25

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01242008 Chg-NP CR2E037 (12/06)

DOCUMENT # 763974							
1. Entity Name VILLAGE GREEN ASSOCIATION, INC.							
Principal Place of Business 2330 FAIRWAY DR S PLANT CITY, FL 33567 US			Mailing Address P.O. BOX 1058 RUSKIN, FL 33575 US				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-2247890			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Applied For		Not Applicable					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
WILSON, LOU ELLEN 409 E COLLGE AVE RUSKIN, FL 33570			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				
Signature, typed or printed name of registered agent and title if applicable			(NOTE: Registered Agent signature required when reinstating)				
Filing Fee is \$61.25 Due by May 1, 2008		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	DVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLE, MARION		NAME				
STREET ADDRESS	2331 FAIRWAY DR, S		STREET ADDRESS				
CITY-ST-ZIP	PLANT CITY, FL 33566		CITY-ST-ZIP				
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLE, YOLANDA		NAME				
STREET ADDRESS	2325 FAIRWAY DRIVE S.		STREET ADDRESS				
CITY-ST-ZIP	PLANT CITY, FL 33566		CITY-ST-ZIP				
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BILLS, CHARLES		NAME				
STREET ADDRESS	2307 FAIRWAY DRIVE S.		STREET ADDRESS				
CITY-ST-ZIP	PLANT CITY, FL 33566		CITY-ST-ZIP				
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BURT, SUSAN		NAME				
STREET ADDRESS	2305 FAIRWAY DRIVE S		STREET ADDRESS				
CITY-ST-ZIP	PLANT CITY, FL 33567		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			NAME	O/P ALI F. ZI			
STREET ADDRESS			STREET ADDRESS	2234 Village Green Blvd			
CITY-ST-ZIP			CITY-ST-ZIP	PLANT CITY, FL 33567			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			NAME	James Bell			
STREET ADDRESS			STREET ADDRESS	2329 Fairway Dr. S.			
CITY-ST-ZIP			CITY-ST-ZIP	PLANT CITY, FL 33567			
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: <u>Otto Aliffi, Pres.</u>			Date: <u>5/25/08</u>		Daytime Phone #: <u>(813) 645-1569</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #		