

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763974

FILED
Apr 27, 2009
Secretary of State

Entity Name: VILLAGE GREEN ASSOCIATION, INC.

Current Principal Place of Business:

2330 FAIRWAY DR S
PLANT CITY, FL 33567 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1058
RUSKIN, FL 33575 US

New Mailing Address:

FEI Number: 59-2247890 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, LOU ELLEN
409 E COLLGE AVE
RUSKIN, FL 33570 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: COLE, MARION
Address: 2331 FAIRWAY DR, S
City-St-Zip: PLANT CITY, FL 33566

Title: DT () Delete
Name: COLE, YOLANDA
Address: 2325 FAIRWAY DRIVE S.
City-St-Zip: PLANT CITY, FL 33566

Title: DS () Delete
Name: BURT, SUSAN
Address: 2305 FAIRWAY DRIVE S
City-St-Zip: PLANT CITY, FL 33567

Title: DO () Delete
Name: ALIFFI, OTTO
Address: 2234 VILLAGE GREEN BLVD
City-St-Zip: PLANT CITY, FL 33567

Title: D () Delete
Name: BELL, JAMES
Address: 2329 FAIRWAY DR S
City-St-Zip: PLANT CITY, FL 33567

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: COLE, MARION
Address: 2331 FAIRWAY DR, S
City-St-Zip: PLANT CITY, FL 33566

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: ALIFFI, OTTO
Address: 2234 VILLAGE GREEN BLVD
City-St-Zip: PLANT CITY, FL 33567

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP () Change (X) Addition
Name: BILLS, CHARLES
Address: 2307 FAIRWAY DRIVE S.
City-St-Zip: PLANT CITY, FL 33567

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: OTTO ALIFFI

Electronic Signature of Signing Officer or Director

P

04/27/2009

Date