

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91339 009 ****61.25

DOCUMENT # **765834**
1. Entity Name
Village Green Property Owners Assoc Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6015 Morrow St E		3. Mailing Address Same	
State, Apt. #, etc. Suite 107		Suite, Apt. #, etc.	
City & State Jacksonville FL		City & State	
Zip 32217	Country USA	Zip	Country

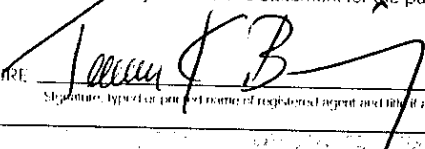
DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2249685	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Banning Management	
Street Address (P.O. Box Number is Not Acceptable) 6015 Morrow St E	
Suite 107	
City Jacksonville	FL Zip Code 32217

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.

SIGNATURE:  **Terence K. Banning** **2/9/02**
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
T/D	Kay STRATON				
NAME	7701 Baymeadows Cir. W # 1154	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
STREET ADDRESS	Jacksonville, FL 32256	STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
V-P/D	KAREN MASON				
NAME	7701 Baymeadows Cir. W. # 1168	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
STREET ADDRESS	JACKSONVILLE, FL 32256	STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
T/D	James Fisher				
NAME	7601 Potters Cove	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
STREET ADDRESS	JACKSONVILLE, FL 32256	STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
S/D	Rosae Biddens				
NAME	12319 Autumn Brook Trail W.	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
STREET ADDRESS	JACKSONVILLE, FL 32258	STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			

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IN THIS SPACE**

11. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

5/1/02 941-730 7021