

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # H53803 (3)**

1. Corporation Name

**VILLAGE GREEN EAST HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

7300 20 ST. #12  
VERO BEACH FL 32966

Mailing Address

7300 20 ST. #12  
VERO BEACH FL 32966

3. Date Incorporated or Qualified **04/22/1985** 3a. Date of Last Report **03/01/1995**

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24		29	
25		30	

4. FEI Number	Applied For
<b>59-2525667</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

~~WATERS, HANK~~  
~~7300 20TH STREET, #536~~  
~~VERO BEACH FL 32966~~

**10. Name and Address of New Registered Agent**

81 Name	<b>COULTER, RAYMOND</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>7300 20TH ST. #413</b>
83	
84 City	<b>VERO BEACH FL</b>
85 Zip Code	<b>32966</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **RAYMOND COULTER** *Raymond Coulter* **2/25/96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1. TITLE
NAME	<b>WATERS, HANK</b>	1.2 NAME
STREET ADDRESS	<b>7300 20TH ST., #536</b>	1.3 STREET ADDRESS
CITY - ST - ZIP	<b>VERO BEACH FL</b>	1.4 CITY - ST - ZIP
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE
NAME	<b>TICKNER, EDWARD</b>	2.2 NAME
STREET ADDRESS	<b>7300 20TH ST., #234</b>	2.3 STREET ADDRESS
CITY - ST - ZIP	<b>VERO BEACH FL</b>	2.4 CITY - ST - ZIP
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE
NAME	<b>MOORE, THOMAS</b>	3.2 NAME
STREET ADDRESS	<b>7000 20TH STREET, #993</b>	3.3 STREET ADDRESS
CITY - ST - ZIP	<b>VERO BEACH FL 32966</b>	3.4 CITY - ST - ZIP
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE
NAME	<b>MORROW, FRANCES</b>	4.2 NAME
STREET ADDRESS	<b>7300 20TH STREET, #145</b>	4.3 STREET ADDRESS
CITY - ST - ZIP	<b>VERO BEACH FL</b>	4.4 CITY - ST - ZIP
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE
NAME	<b>O'CONNELL, EMMETT</b>	5.2 NAME
STREET ADDRESS	<b>7300 20TH ST., #460</b>	5.3 STREET ADDRESS
CITY - ST - ZIP	<b>VERO BEACH FL</b>	5.4 CITY - ST - ZIP
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE
NAME	<b>PORTER, DON</b>	6.2 NAME
STREET ADDRESS	<b>7000 20TH ST #920</b>	6.3 STREET ADDRESS
CITY - ST - ZIP	<b>VERO BEACH FL</b>	6.4 CITY - ST - ZIP

<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>SD</b> <b>KRIEGER, FAYE #</b> <b>7300 20TH ST., 206</b> <b>VERO BEACH, FL.</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>PD</b> <b>COULTER, RAYMOND</b> <b>7300 20TH ST., #413</b> <b>VERO BEACH, FL</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>SD</b> <b>WILSON, CAROL</b> <b>7000 20TH ST., #727</b> <b>VERO BEACH, FL</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TD</b> <b>TICKNER, EDWARD</b> <b>7300 20TH ST., #234</b> <b>VERO BEACH, FL</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>D</b> <b>LAMPSA, SALLIE</b> <b>7300 20TH ST., #530</b> <b>VERO BEACH, FL</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>D</b> <b>PORTER, DON</b> <b>7000 20TH ST., #920</b> <b>VERO BEACH, FL</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Edward W. Tickner* **EDWARD W. TICKNER - TREASURER** **2/23/96** **407-567-1157**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)