

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Feb 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
7300 20 ST. #12 VERO BEACH FL 32966 **7300 20 ST. #12 VERO BEACH FL 32966-8837**

| | | | | | |
|--------------------------------|--------------------|---------------------|--------------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 04/22/1985 | 3a. Date of Last Report 03/04/1996 |
| 21 | Suite, Apt #, etc. | 26 | Suite, Apt #, etc. | 4. FEI Number 59-2525667 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 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 COULTER, RAYMOND 7300 20TH ST 413 VERO BEACH FL 32966 | | | | 10. Name and Address of New Registered Agent | | | |
| | | | | 81 Name | EMMETT O'CONNELL | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | 7300 20TH ST #460 | | |
| | | | | 83 | | | |
| | | | | 84 City | VERO BEACH | FL | 85 Zip Code 32966 |

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: **EDWARD W. TICKNER, TREASURER** *Edward W. Tickner* 2/24/97
Signature of Corporation (printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | SD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KRIEGER, FAYE | 1.2 NAME | WHITE, ROBERT |
| STREET ADDRESS | 7300 20TH ST 208 | 1.3 STREET ADDRESS | 7300 20TH ST. 120 |
| CITY-ST-ZIP | VERO BEACH FL | 1.4 CITY-ST-ZIP | VERO BEACH, FL |
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COULTER, RAYMOND | 2.2 NAME | O'CONNELL, EMMETT |
| STREET ADDRESS | 7300 20TH ST 413 | 2.3 STREET ADDRESS | 7300 20TH ST, 460 |
| CITY-ST-ZIP | VERO BEACH FL | 2.4 CITY-ST-ZIP | VERO BEACH, FL |
| TITLE | SD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILSON, CAROL | 3.2 NAME | MATHISON, TOM |
| STREET ADDRESS | 7000 20TH ST 727 | 3.3 STREET ADDRESS | 7000 20TH ST, 797 |
| CITY-ST-ZIP | VERO BEACH FL | 3.4 CITY-ST-ZIP | VERO BEACH, FL |
| TITLE | TD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TICKNER, EDWARD | 4.2 NAME | |
| STREET ADDRESS | 7300 20TH ST 234 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | VERO BEACH FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAMPSA, SALLIE | 5.2 NAME | |
| STREET ADDRESS | 7300 20TH ST 530 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | VERO BEACH FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PORTER, DON | 6.2 NAME | TRITES, KATHRYN |
| STREET ADDRESS | 7000 20TH ST 920 | 6.3 STREET ADDRESS | 7300 20TH ST 122 |
| CITY-ST-ZIP | VERO BEACH FL | 6.4 CITY-ST-ZIP | VERO BEACH, FL |

14. I do 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 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** 2/24/97 561-567-1167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)