

2001 UNIFORM BUSINESS REPORT (UBR)

1/ **FILED**
Mar 05, 2001 8:00 am
Secretary of State

01-31-2001 90017 049 ***150.00

DOCUMENT # H53803
 1. Entity Name
VILLAGE GREEN EAST HOMEOWNERS ASSOCIATION, INC.

| | |
|--|--|
| Principal Place of Business 7300 20TH STREET #12 VERO BEACH FL 32966 | Mailing Address 7300 20TH STREET #12 VERO BEACH FL 32966 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

4. FEI Number **59-2525667** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
~~DAVIS, WILLIAM~~
 7300 20TH STREET #12
 VERO BEACH FL 32966

7. Name and Address of New Registered Agent
 Name **Carl Ballerstein**
 Street Address (P.O. Box Number is Not Acceptable)
7300 20th Street Box # 12
Vero Beach, Fl. 32966
 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.
 SIGNATURE **CARL BALLERSTEIN - PRES** *Carl Ballerstein* **2/25/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so:
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State

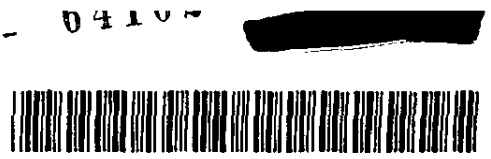
10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DAVIS, WILLIAM 7300 20TH STREET #12 VERO BEACH FL 32966 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BALLERSTEIN, CARL 7300-20TH STREET #12 VERO BEACH FL 32966 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD VANEE, MERLIN 7300 20TH STREET #12 VERO BEACH FL 32966 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FAULKNER, WILLIAM 7300 20TH STREET #12 VERO BEACH FL 32966 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LAMPASA, SALLIE 7300 20TH STREET #12 VERO BEACH FL 32966 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BERRY, WALTER 7300 20TH STREET #12 VERO BEACH FL 32966 <input checked="" type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Carl Ballerstein 7300 20th Street Vero Beach Fl, 32966 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V.P. Bill Faulkner 7300 20th Street Box 12 Vero Beach, Fl. 32966 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer Donald Hayes 7300 20th Street Box 12 Vero Beach, Fl. 32966 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director- Woodland Gene Willem 7300 20th Street Box 12 Vero Beach Fl. 32966 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director- Poinciana Ralph Roy 7300 20th Street Box 12 Vero Beach, Fl. 32966 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director- Swan Lake Peg Anderson 7300 20th Street Box 12 Vero Beach, Fl. 32966 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carl Ballerstein* **Jan 22, 01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)