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FILED
May 01, 2002 8:00 am
Secretary of State

04-02-2002 90110 001 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

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 26TH STREET #12
VERO BEACH FL 32966**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2525667

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BALLERSTEIN, CARL
7300 20TH STREET BOX #12
VERO BEACH FL 32966**

Name **LORRAINE McLEAN**
Street Address (P.O. Box Number is Not Acceptable)
7300 20TH ST BOX 12
City **VERO BEACH** FL Zip Code **32966**

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 **LORRAINE McLEAN PRESIDENT Lorraine McLean** **Jan 8, 2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BALLERSTEIN, CARL 7300 20TH STREET VERO BEACH FL 32966 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP FAULKNER, BILL 7300 20TH STREET BOX # 12 VERO BEACH FL 32966 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HAYES, DONALD 7300 20TH STREET BOX # 12 VERO BEACH FL 32966 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILLIAM, GENE 7300 20TH STREET BOX # 12 VERO BEACH FL 32966 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROY, RALPH 7300 20TH STREET BOX # 12 VERO BEACH FL 32966 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ANDERSON, PEG 7300 20TH STREET BOX # 12 VERO BEACH FL 32966 | <input checked="" type="checkbox"/> Delete |

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT LORRAINE McLEAN 7300 20TH ST LOT 279 VERO BEACH 32966 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE-PRESIDENT LENGRE ROHRE 7300 20TH ST LOT 86 VERO BEACH FL 32966 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY CHARLES ANDERSON 7300 20TH ST LOT 819 VERO BEACH FL 32966 2/15/02 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY MARION MUNGER 7300 20TH ST LOT 896 VERO BEACH FL 32966 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

CR2E034 (9/01)

13. 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 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: **Stacy Anderson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 21, 02
Jan 8 2002 **561-519-8814**
Date Daytime Phone #