


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90372 030 ***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		3. Mailing Address			
Suite, Apt. #. etc.		Suite, Apt. #. etc.			
City & State		City & State		4. FEI Number 59-2525667	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country	04152004 Chg-P CR2E034 (10/03)	
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCLEAN, LORRAINE 7300 20TH ST BOX 12 VERO BEACH, FL 32966			Name CALHOON, JAMES D. Street Address (P.O. Box Number is Not Acceptable) 7300 20TH STREET 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>James D. Calhoon</i>		Treasurer VGEHOA		April 15, 2004	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		(NOTE: Registered Agent signature required when re-registering)	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCLEAN, LORRAINE 7300 20TH ST BOX 12 VERO BEACH, FL 32966 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ROHRER, LENORE 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	VP ROHRER, LENORE 7300 20TH ST BOX 12 VERO BEACH, FL 32966 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARCELLA, HELEN 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	T HAYES, DONALD 7300 20TH STREET BOX # 12 VERO BEACH, FL 32966 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer CALHOON, JAMES D. 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	S CAMPBELL, BETTY 7300 20TH ST BOX 12 VERO BEACH, FL 32966 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.					
SIGNATURE: <i>James D. Calhoon</i>		James D. Calhoon		April 15, 2004 772-562-5097	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	