


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90051 005 ***150.00

DOCUMENT # H53803

1. Entity Name
VILLAGE GREEN EAST HOMEOWNERS ASSOCIATION, INC.



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

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. 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**



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent
CALHOON, JAMES D
7300 20TH STREET BOX 12
VERO BEACH FL 32966

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James D. Calhoon* DATE **1-28-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ROHRER, LENORE	
STREET ADDRESS	7300 20TH ST., BOX 12	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARCELLA, HELEN	
STREET ADDRESS	7300 20TH STREET BOX 12	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	T	<input type="checkbox"/> Delete
NAME	CALHOON, JAMES D	
STREET ADDRESS	7300 20TH STREET BOX 12	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	S	<input type="checkbox"/> Delete
NAME	CAMPBELL, BETTY	
STREET ADDRESS	7300 20TH ST BOX 12	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bauer, Bob	
STREET ADDRESS	7300 20th St, Box 12	
CITY-ST-ZIP	VERO BEACH, FL 32966	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE: *James D. Calhoon* **James D Calhoon** DATE: **1-28-05** DAYTIME PHONE #: **772-562-5097**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #