


**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

H53803

**FILED
Mar 15, 2006 8:00 am
Secretary of State**

03-15-2006 90125 001 ****61.25
03-15-2006 90125 002 ***150.00

DOCUMENT # H53803
1. Entity Name **VILLAGE GREEN EAST HOMEOWNER' ASSOCIATION INC**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7300 20th Street	3. Mailing Address 7300 20th Street
Suite, Apt. #, etc. # 101	Suite, Apt. #, etc. #101
City & State Vero Beach, Florida	City & State Vero Beach, Florida
Zip 32966 Country USA	Zip 32966 Country USA

66005092

CR2E034B (8/05)

4. FEI Number 592525667	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ADREA MILLER ANDREA MILLER
Street Address (P.O. Box Number is Not Acceptable) 7300 20th Street #101
City Vero Beach, 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 *Andrea D. Miller* **ANDREA D. MILLER** DATE **3-10-06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. LORRAINE Mc LEAN 7300 20th St. #101 Vero Beach, Fl. 32966	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRANCES MORROW 7300 20th St. #101 Vero Beach, Fl. 32966	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. ANDREA MILLER 7300 20th St. #101 Vero Beach, Fl. 32966	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. SALLY LAMPSA 7300 20th St. #101 Vero Beach, Fl. 32966	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address with all other like empowered.

SIGNATURE: *Andrea D. Miller* **ANDREA D. MILLER** DATE **3-10-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #