


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90016 049 \*\*\*150.00

<b>DOCUMENT # H53803</b> 1. Entity Name VILLAGE GREEN EAST HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 7300 20TH STREET, #101 VERO BEACH, FL 32966	Mailing Address 7300 20TH STREET, #101 VERO BEACH, FL 32966
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	4. FEI Number <b>59-2525667</b>	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State	City & State	6. Name and Address of Current Registered Agent	
Zip	Country	Zip	Country

02122007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent  <b>MILLER, ANDREA</b> 7300 20TH STREET, # 101 VERO BEACH, FL 32966	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLEAN, LORRAINE	NAME	
STREET ADDRESS	7300 20TH ST, # 101	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 32966	CITY-ST-ZIP	
TITLE	VP	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORROW, FRANCES	NAME	<b>VP NECE, ROBERT</b>
STREET ADDRESS	7300 20TH ST, # 101	STREET ADDRESS	<b>7300 20th St # 101</b>
CITY-ST-ZIP	VERO BEACH, FL 32966	CITY-ST-ZIP	<b>VERO BEACH, FL 32966</b>
TITLE	T	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ANDREA	NAME	
STREET ADDRESS	7300 20TH STREET, #101	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 32966	CITY-ST-ZIP	
TITLE	S	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMPASA, SALLY	NAME	<b>S MORROW, FRANCES</b>
STREET ADDRESS	7300 20TH ST, # 101	STREET ADDRESS	<b>7300 20th St, #101</b>
CITY-ST-ZIP	VERO BEACH, FL 32966	CITY-ST-ZIP	<b>VERO BEACH, FL 32966</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Andrea D. Miller 2/14/07 772-562-7988

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