

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90216 049 ***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

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. 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

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 _____ DATE _____
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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MCLEAN, LORRAINE	
STREET ADDRESS	7660 20TH ST LOT 279	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ROHRER, LENORE	
STREET ADDRESS	7660 20TH ST LOT 66	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAYES, DONALD	
STREET ADDRESS	7300 20TH STREET BOX # 12	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MUNGLER, MARION	
STREET ADDRESS	7660 20TH ST LOT 896	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, PEG	
STREET ADDRESS	7300 20TH STREET BOX # 12	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORRAINE MCLEAN	
STREET ADDRESS	7300 20th ST Box 12	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENORE ROHRER	
STREET ADDRESS	7300 20th ST Box 12	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY	
STREET ADDRESS	BETTY CAMPBELL	
CITY-ST-ZIP	7300 20th ST Box 12	
	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		

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: **REQUARD HAYES** *2/10/03* **372-519-8854**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)