



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90049 031 \*\*\*\*61.25

<b>DOCUMENT # N03000005396</b>						
<b>1. Entity Name</b> VILLAGE GREEN TOWNHOMES CONDOMINIUM ASSOCIATION, INC.						
<b>Principal Place of Business</b> 8706 NW 38 DR CORAL SPRINGS, FL 33065			<b>Mailing Address</b> 2604 N.W. 124TH AVENUE CORAL SPRINGS, FL 33065			
<b>2. Principal Place of Business</b> 4300 N. UNIVERSITY Suite, Apt. #, etc. SUITE A 105		<b>3. Mailing Address</b> Suite, Apt. #, etc.				
<b>City &amp; State</b> LAUDERHILL		<b>City &amp; State</b>		01202005    Chg-NP    CR2E037 (10/03)		
<b>Zip</b> 33351		<b>Country</b> BEARL.		<b>4. FEI Number</b> NOT APPLICABLE		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable		
<b>6. Name and Address of Current Registered Agent</b> AGUIAR, MANUEL 2604 NW 124 AVE CORAL SPRINGS, FL 33065			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
<b>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.</b>						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____						
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make check payable to Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> DP	<b>NAME</b> AGUIAR, MANUEL		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 2604 NW 124 AVE	<b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 33065			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> DVS	<b>NAME</b> AGUIAR, LIZET		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 2604 NW 124 AVE	<b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 33065			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> DT	<b>NAME</b> AGUIAR, LUZ		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 2604 NW 124 AVE	<b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 33065			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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 617, 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.</b>						
<b>SIGNATURE:</b> _____ (MAN)    1/20/2005 (554) 9310083						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #						