


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90052 044 \*\*\*\*61.25

<b>DOCUMENT # N03000005396</b>					
<b>1. Entity Name</b> VILLAGE GREEN TOWNHOMES CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 2604 N.W. 124TH AVENUE CORAL SPRINGS, FL 33065			<b>Mailing Address</b> 2604 N.W. 124TH AVENUE CORAL SPRINGS, FL 33065		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 2546 N.W. 92nd AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b> Coral Springs FL		<b>4. FEI Number</b> NOT APPLICABLE	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>Zip</b> 33065		<b>Country</b>		01032007 Chg-NP CR2E037 (12/06)	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
AGUIAR, MANUEL 2604 NW 124 AVE CORAL SPRINGS, FL 33065			Name <u>RAUL RIOS</u> Street Address (P.O. Box Number is Not Acceptable) 2546 N.W. 92nd AVE City <u>Coral Springs</u> FL Zip Code <u>33065</u>		
<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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		PRESIDENT		1/10/2007 <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<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 checked="" type="checkbox"/> Delete	<b>TITLE</b> DR.	<b>NAME</b> RAUL RIOS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 2604 NW 124 AVE	<b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 33065		<b>STREET ADDRESS</b> 2546 N.W. 92nd AVE	<b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 33065	
<b>TITLE</b> DVS	<b>NAME</b> AGUIAR, LIZET	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> ST.	<b>NAME</b> LUZ ELVIRA SALINAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 2604 NW 124 AVE	<b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 33065		<b>STREET ADDRESS</b> ST 2538 N.W. 92nd AVE	<b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 33065	
<b>TITLE</b> DT	<b>NAME</b> AGUIAR, LUZ	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> DR.	<b>NAME</b> JOSEPH KALAYIL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 2604 NW 124 AVE	<b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 33065		<b>STREET ADDRESS</b> 2522 N.W. 92nd AVE	<b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 33065	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<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 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 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> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/10/07 954-757-0764 <small>Date Daytime Phone #</small>		