

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07324

FILED
Apr 28, 2009
Secretary of State

Entity Name: VILLAGE GREEN DRIVE PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1441 SE VILLAGE GREEN DRIVE
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

1441 SE VILLAGE GREEN DRIVE
PORT SAINT LUCIE, FL 34952

New Mailing Address:

FEI Number: 59-2641149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUDLEY, YVONNE P
1425 SE VILLAGE GREEN DR.
PORT SAINT LUCIE, FL 34952 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PLAMBECK, SCOTT A
Address: 5818 PALMETTO DR.
City-St-Zip: FORT PIERCE, FL 349

Title: VP () Delete
Name: ALTINO, ANTHONY
Address: 1441 VILLAGE GREEN DR.
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: S () Delete
Name: ROBERT, ALTINO
Address: 1441 VILLAGE GREEN DR.
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: T () Delete
Name: DUDLEY, YVONNE P
Address: 1425 SE VILLAGE GREEN DR.
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YVONNE DUDLEY

T

04/28/2009

Electronic Signature of Signing Officer or Director

Date