

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90239 045 ****61.25

DOCUMENT # N50801			
1. Entity Name VILLAS ON THE GREEN PROPERTY OWNERS' ASSOCIATION, INC.			
Principal Place of Business 409 E COLLEGE AVE RUSKIN, FL 33570		Mailing Address PO BOX 5643 SUN CITY CENTER, FL 33571	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		02222006 Chg-NP CR2E037 (11/05)	
		4. FEI Number 59-3166239	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WILSON, LOU ELLEN 409 E COLLEGE AVE RUSKIN, FL 33570		Name TRIMMER, Kathy Street Address (P.O. Box Number is Not Acceptable) 409 E. College Ave. City Ruskin FL Zip Code 33570	
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 <i>Kathy Trimmer</i>		DATE 3/10/06	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DVP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIDDLEBROOK, GEORGE	NAME	
STREET ADDRESS	503 CHIPPER DR	STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDWELL, LANNIE	NAME	CARDWELL, Lannie
STREET ADDRESS	741 FAIRWAY RIDGE CT	STREET ADDRESS	741 Fairway Ridge Ct.
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	CITY-ST-ZIP	Sun City Center FL 33573
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAMMEN, SHIRLEY	NAME	
STREET ADDRESS	1504 KELLIWOOD COURT	STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHLE, R	NAME	
STREET ADDRESS	714 FAIRWAY RIDGE CT	STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER, FL	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVE, ED	NAME	NOVE, Ed
STREET ADDRESS	743 FAIRWAY RIDGE CT	STREET ADDRESS	743 FAIRWAY Ridge Ct
CITY-ST-ZIP	SUN CITY CENTER, FL	CITY-ST-ZIP	Sun City Center FL 33573
TITLE	<input type="checkbox"/> Delete	TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Snow Carol Ann
STREET ADDRESS		STREET ADDRESS	705 FAIRWAY Ridge Ct.
CITY-ST-ZIP		CITY-ST-ZIP	Sun City Center FL 33573
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.			
SIGNATURE: <i>Shirley L. Stammen</i>		Date 3-8-06 Daytime Phone # 813-633-8975	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			