

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # N50801</b> 1. Entity Name <b>VILLAS ON THE GREEN PROPERTY OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>409 E COLLEGE AVE RUSKIN, FL 33570</b>			Mailing Address <b>PO BOX 5643 SUN CITY CENTER, FL 33571</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>WILSON, LOU ELLEN 409 E COLLEGE AVE RUSKIN, FL 33570</b>				7. Name and Address of New Registered Agent Name <b>Trimmer, Kathy</b> Street Address (P.O. Box Number is Not Acceptable) <b>409 E. College Ave.</b> City <b>Ruskin</b> <b>FL</b> Zip Code <b>33570</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.					
SIGNATURE <u><i>Kathy Trimmer</i></u> <span style="float: right;">3/10/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <b>MIDDLEBROOK, GEORGE</b> <input checked="" type="checkbox"/> Delete <b>503 CHIPPER DR SUN CITY CENTER, FL 33573</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>CARDWELL, LANNIE</b> <input type="checkbox"/> Delete <b>741 FAIRWAY RIDGE CT SUN CITY CENTER, FL 33573</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CARDWELL, LANNIE</b> <b>741 FAIRWAY RIDGE CT.</b> <b>Sun City Center FL 33573</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>STAMMEN, SHIRLEY</b> <input type="checkbox"/> Delete <b>1504 KELLIWOOD COURT SUN CITY CENTER, FL 33573</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>KAHLE, R</b> <input type="checkbox"/> Delete <b>714 FAIRWAY RIDGE CT SUN CITY CENTER, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>NOVE, ED</b> <input type="checkbox"/> Delete <b>743 FAIRWAY RIDGE CT SUN CITY CENTER, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NOVE, Ed</b> <b>743 FAIRWAY RIDGE CT</b> <b>Sun City Center FL 33573</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Secretary</b> <b>SNOW CAROL ANN</b> <b>745 FAIRWAY RIDGE CT.</b> <b>Sun City Center FL 33573</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.					
SIGNATURE: <u><i>Shirley L. Stammen</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-8-06 813-633-8975 <small>Date Daytime Phone #</small>		