

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90129 040 ****61.25

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02072005 Chg-NP CR2E037 (10/03)

DOCUMENT # N93000001725 1. Entity Name PROPERTY OWNERS OF VILLAS GREEN, INC.					
Principal Place of Business 3903 SAN ROCCO DR PUNTA GORDA, FL 33950 US			Mailing Address 100 SULLIVAN STE 112 PUNTA GORDA, FL 33950 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3247823	
				Applied For 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		
GREENE, JOAN 100 SULLIVAN ST STE 112 PUNTA GORDA, FL 33950			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	VPD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MYERS, RICHARD		NAME	Melissa Lockhart	
STREET ADDRESS	3903 SAN ROCCO DRIVE, #111		STREET ADDRESS	3903 San Rocco Dr #111	
CITY-ST-ZIP	PUNTA GORDA, FL		CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAIORANO, JOSEPHINE		NAME	Joyce Hanley	
STREET ADDRESS	3903 SAN ROCCO DR 114		STREET ADDRESS	3903 San Rocco Dr #111	
CITY-ST-ZIP	PUNTA GORDA, FL		CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCARTHY, HAROLD		NAME	LAURA COTE	
STREET ADDRESS	3903 SAN ROCCO DR., #112		STREET ADDRESS	3903 San Rocco Dr #112	
CITY-ST-ZIP	PUNTA GORDA, FL		CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: <u>Laura Cote</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>3/15/05</u> Daytime Phone # _____		