

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90008 023 \*\*\*\*61.25

**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

40042246



03182007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3247823

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GREENE, JOAN  
100 SULLIVAN ST  
STE 112  
PUNTA GORDA, FL 33950

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME LOCKHART, MELISSA  
STREET ADDRESS 3903 SAN ROCCO DR #114  
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE D  
NAME HANLEY, JOYCE  
STREET ADDRESS 3903 SAN ROCCO DR #111  
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE D  
NAME HARRIS, CAROLE  
STREET ADDRESS 3903 SAN ROCCO DR #113  
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/07  
Date

Daytime Phone # \_\_\_\_\_