

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # N97000000889

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Village Green "E" Corporation

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
503 12th Avenue South Naples, Florida 33940

3. Date Incorporated or Qualified 9-7-1966	3a. Date of Last Report
4. FEI Number 50-1000883	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
**Christopher N. Davies
12601 World Plaza Lane, Suite 2
Fort Myers, Florida 33907**

81. Name	10. Name and Address of New Registered Agent
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Christopher N. Davies* **CHRISTOPHER N. DAVIES** **3-25-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	President/D <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arturo Renzi	1.2 NAME
STREET ADDRESS	649 12th Avenue South	1.3 STREET ADDRESS
CITY-ST-ZIP	Naples, Florida 34102	1.4 CITY-ST-ZIP
TITLE	Secretary/Treasurer <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Hubbard	2.2 NAME
STREET ADDRESS	659 12th Avenue South	2.3 STREET ADDRESS
CITY-ST-ZIP	Naples, Florida 34102	2.4 CITY-ST-ZIP
TITLE	Director <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Content Morse	3.2 NAME
STREET ADDRESS	639 12th Avenue South	3.3 STREET ADDRESS
CITY-ST-ZIP	Naples, Florida 34102	3.4 CITY-ST-ZIP
TITLE	Director <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ted Gullicksen	4.2 NAME
STREET ADDRESS	619 12th Avenue South	4.3 STREET ADDRESS
CITY-ST-ZIP	Naples, Florida 34102	4.4 CITY-ST-ZIP
TITLE	Vice President <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elise Yanowitz	5.2 NAME
STREET ADDRESS	643 12th Avenue South	5.3 STREET ADDRESS
CITY-ST-ZIP	Naples, Florida 34102	5.4 CITY-ST-ZIP
TITLE	Naples, Florida 34102 <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

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14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Arturo Renzi* **ARTURO RENZI** **3/25/97** **941-435-9061**
(NOTE: Signature and typed or printed name of signing officer or director) Date Daytime Phone #

CR2E037 (9/96)