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FILED
May 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000000889 (2)
 1. Corporation Name
VILLAGE GREEN "E" CORPORATION



Principal Place of Business 503 12TH AVE. SOUTH NAPLES FL 33940	Mailing Address 503 12TH AVE. SOUTH NAPLES FL 33940
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3. Date Incorporated or Qualified 09/07/1966	
4. FEI Number 59-1088883	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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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	29
25	30

9. Name and Address of Current Registered Agent

~~DAMES, CHRISTOPHER N ESQ.
 12601 WORLD PLAZA LANE, SUITE 2
 FORT MYERS FL 33907~~

Village Green Mgmt. Corp
 503 12th Ave. South
 Naples, FL 34102

10. Name and Address of New Registered Agent

81 Name	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RENZI, ARTURO	
STREET ADDRESS	649 12TH AVE. SOUTH	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	VS D	<input type="checkbox"/> DELETE
NAME	YANOWITZ, ELISE	
STREET ADDRESS	643 12TH AVE SOUTH	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	AT D	<input type="checkbox"/> DELETE
NAME	HUBBARD, ROBERT	
STREET ADDRESS	659 12TH AVE SOUTH	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GULLICKSEN, TED	
STREET ADDRESS	619 12TH AVE SOUTH	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORSE, CONTENT	
STREET ADDRESS	639 12TH AVE SOUTH	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Daniel Ryan	
1.3 STREET ADDRESS	621 - 12th Ave. So.	
1.4 CITY-ST-ZIP	Naples, Fl.	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Tom Clark	
2.3 STREET ADDRESS	683 - 12th Ave. So.	
2.4 CITY-ST-ZIP	Naples, Fl.	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	7000002494437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	-04/21/98--01011--032	
5.3 STREET ADDRESS	***1445.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: *Daniel Ryan* Daniel Ryan 4/9/99 941/649-0605

CR2E037 (10/97)