

FILE NOW: FILING FEE IS \$61.25

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Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90018 001 *1,445.00

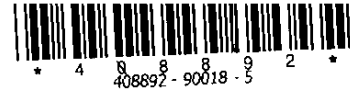
NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000000889

1. Corporation Name
VILLAGE GREEN "E" CORPORATION



Principal Place of Business Mailing Address
 503 12TH AVE. SOUTH 503 12TH AVE. SOUTH
 NAPLES FL 33940 NAPLES FL 33940

21	2. Principal Place of Business	26	2a. Mailing Address	3.	Date Incorporated or Qualified
	Suite, Ap. #, etc.		Suite, Apt. #, etc.		09/07/1966
22	22	27	27	4.	FEI Number
	City & State		City & State		59-1088883
23	23	28	28	5.	Certificate of Status Desired
	Zip		Zip		<input type="checkbox"/> \$8.75 Additional Fee Required
24	24	29	29	6.	Election Campaign Financing
	Country		Country		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
VILLAGE GREEN MANAGEMENT CORP		81	Name
503 12TH AVE. SOUTH		82	Street Address (P.O. Box Number is Not Acceptable)
NAPLES FL 33940		83	
		84	City
		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, DANIEL	1.2 NAME	Louise Murphy
STREET ADDRESS	621 - 12TH AVENUE SOUTH	1.3 STREET ADDRESS	653 12th Ave. So.
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples, Fla. 34102
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YANOWITZ, ELISE	2.2 NAME	
STREET ADDRESS	643 12TH AVE SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34102	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBBARD, ROBERT	3.2 NAME	
STREET ADDRESS	659 12TH AVE SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34102	3.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, TOM	4.2 NAME	
STREET ADDRESS	683 - 12TH AVENUE SOUTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<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	

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, with all other like empowered

SIGNATURE: SIGNATURE REQUIRED Tom Clark 3-26-99 262-5355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)