

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90319 024 \*\*\*\*61.25



**DOCUMENT # N97000000889**  
 1. Entity Name  
**VILLAGE GREEN "E" CORPORATION**

Principal Place of Business  
**601 12TH AVENUE SOUTH  
 NAPLES, FL 34102**

Mailing Address  
**745 12TH AVENUE SOUTH  
 SUITE AA  
 NAPLES, FL 34102**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip



01262005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-1092909**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**MOORE PROPERTY MANAGEMENT  
 745 12TH AVENUE SOUTH  
 SUITE AA  
 NAPLES, FL 34102**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$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 <input checked="" type="checkbox"/>	<b>TD</b> PETERS, PAT 877 - 12TH AVENUE SOUTH NAPLES, FL 34102	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/>	<b>D</b> VANDERVELDE, LARRY 651 - 12TH AVENUE SOUTH NAPLES, FL 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>VP</b> VANDERVELDE, LARRY
TITLE <input type="checkbox"/>	<b>D</b> JOHNSON, MYRON 601 12TH AVENUE SOUTH NAPLES, FL 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>VP</b> JOHNSON, MYRON
TITLE <input type="checkbox"/>	<b>D</b> JORDAN, JOSEPH 633 - 12TH AVENUE SOUTH NAPLES, FL 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>VP</b> JORDAN, JOSEPH
TITLE <input checked="" type="checkbox"/>	<b>PD</b> BERRY, EARL 627 - 12TH AVENUE SOUTH NAPLES, FL 34102	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>VP</b> LINCOLN, MARY 629 12th. Av. S NAPLES FL. 34102

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:** Merron Johnson **4/21/05** **239-262-5051**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #