

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# N97000000889

Entity Name: VILLAGE GREEN "E" CORPORATION

Current Principal Place of Business:

601 12TH AVE S
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

745 12TH AVE S
AA
NAPLES, FL 34102

New Mailing Address:

FEI Number: 65-1092909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE PROPERTY MANAGEMENT, LLC
745 12TH AVE S
AA
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: PETERS, PAT
Address: 677 12TH AVE S
City-St-Zip: NAPLES, FL 34102

Title: P () Delete
Name: JOHNSON, MYRON
Address: 2134 PARK AVE
City-St-Zip: WHITE BEAR LAKE, MN 55110

Title: D () Delete
Name: GARBETT, ARTHUR
Address: 613 N AURORA ST APT 1
City-St-Zip: ITHACA, NY 14850 US

Title: D () Delete
Name: PEASE, WILLIAM
Address: 623 FIRST ST
City-St-Zip: LIVERPOOL, NY 13088

Title: D () Delete
Name: SONDERBY, PAM
Address: 7 DOEFIELD RD
City-St-Zip: CALIFON, NJ 07830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PETERS, PAT
Address: 677 12TH AVE S
City-St-Zip: NAPLES, FL 34102

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: GARBETT, ARTHUR
Address: 613 N AURORA ST APT 1
City-St-Zip: ITHACA, NY 14850 US

Title: T (X) Change () Addition
Name: PEASE, WILLIAM
Address: 623 FIRST ST
City-St-Zip: LIVERPOOL, NY 13088

Title: S (X) Change () Addition
Name: SONDERBY, PAM
Address: 7 DOEFIELD RD
City-St-Zip: CALIFON, NJ 07830

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYRON JOHNSON

P

04/23/2008

Electronic Signature of Signing Officer or Director

Date