

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000889

FILED  
Apr 23, 2009  
Secretary of State

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: DENNING, JOHN  
Address: 18 RUFFLED FEATHERS DR  
City-St-Zip: LEMONT, IL 60439

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

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

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

04/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date