


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90136 047 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000026097**

1. Corporation Name  
**VILLAGE GREEN REALTY CORP.**

Principal Place of Business <b>104 CRANDON BLVD., SUITE 406 KEY BISCAYNE FL 33149</b>	Mailing Address <b>104 CRANDON BLVD., SUITE 406 KEY BISCAYNE FL 33149</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 741 S. Mashta DR.</b>		2a. Mailing Address <b>26 741 S. Mashta DR.</b>		3. Date Incorporated or Qualified <b>03/18/1998</b>	4. FEI Number <b>65-0825084</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
City & State <b>23 Key Biscayne FI</b>		City & State <b>27 Key Biscayne FI 33149</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
Zip <b>24 33149</b>		Country <b>25 USA</b>		Zip <b>29 33149</b>		Country <b>30 USA</b>
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**ARECHABALA, CHRINTINA  
741 S. MASHTA DR.  
KEY BISCAYNE FL 33149**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

*Christina Arechabala*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/30/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ACOSTA, ROLANDO</b>		1.2 NAME <b>Rolando Acosta</b>	
STREET ADDRESS <b>104 CRANDON BLVD., SUITE 406</b>		1.3 STREET ADDRESS <b>741 S. Mashta Dr.</b>	
CITY-ST-ZIP <b>KEY BISCAYNE FL 33149</b>		1.4 CITY-ST-ZIP <b>Key Biscayne Fla 33149</b>	
TITLE <b>STD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ACOSTA, MIRIAM</b>		2.2 NAME <b>Esther Alayeto</b>	
STREET ADDRESS <b>104 CRANDON BLVD., SUITE 406</b>		2.3 STREET ADDRESS <b>741 S. Mashta Dr.</b>	
CITY-ST-ZIP <b>KEY BISCAYNE FL 33149</b>		2.4 CITY-ST-ZIP <b>Key Biscayne Fla 33149</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <b>STD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME <b>MIRIAM Acosta</b>	
STREET ADDRESS		3.3 STREET ADDRESS <b>741 S. Mashta Dr.</b>	
CITY-ST-ZIP		3.4 CITY-ST-ZIP <b>Key Biscayne Fla 33149</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, 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:

*Rolando Acosta*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/30/99**

Daytime Phone #

**305/**

CR2E034 (11/98)

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