

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 751728

**FILED**  
**Mar 17, 2020**  
**Secretary of State**  
**6745535053CC**

**Entity Name:** VILLAS OF VILLAGE GREEN PROPERTY OWNERS' ASSOCIATION INC.

**Current Principal Place of Business:**

1487 SE COLCHESTER CIRCLE  
PORT ST LUCIE, FL 34952

**Current Mailing Address:**

1487 SE COLCHESTER CIRCLE  
PORT ST. LUCIE, FL 34952 US

**FEI Number: 59-2182228**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BONAN, ELIZABETH P  
789 S. FED. HWY  
STE 101  
STUART, FL 34994 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SCAROGNI, MASSIMO  
Address        1487 SE COLCHESTER CIRCLE  
City-State-Zip: PORT ST LUCIE FL 34952

Title            VP  
Name            BORDI, PETER  
Address        1487 SE COLCHESTER CIRCLE  
City-State-Zip: PORT ST. LUCIE FL 34952

Title            TREASURER  
Name            ALBERT, GERALD  
Address        1487 SE COLCHESTER CIRCLE  
City-State-Zip: PORT ST. LUCIE FL 34952

Title            SECRETARY  
Name            ABATIELLO, GIACOMINA  
Address        1487 SE COLCHESTER CIRCLE  
City-State-Zip: PORT SAINT LUCIE FL 34952

Title            DIRECTOR  
Name            THORPE, JOAN  
Address        1487 SE COLCHESTER CIRCLE  
City-State-Zip: PORT ST. LUCIE FL 34952

Title            DIRECTOR  
Name            WALTON, DOUGLAS  
Address        1495 SE COLCHESTER CIR  
City-State-Zip: PORT ST. LUCIE FL 34952

Title            DIRECTOR  
Name            MCERLEAN, GERALD  
Address        1447 SE COLCHESTER CIRCLE  
City-State-Zip: PORT ST. LUCIE FL 34952

*I hereby 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 all other like empowered.*

**SIGNATURE: MASSIMO SCAROGNI**

**PRESIDENT**

**03/17/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date