### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 751728** 

Entity Name: VILLAS OF VILLAGE GREEN PROPERTY OWNERS'

ASSOCIATION INC.

**FILED** Jul 13, 2016 **Secretary of State** CC9186440557

### **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

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:

NILSSON, DONALD Name Name COYNE, MARGARET 1498 ASHFORD PL. 1518 SE DEWBERRY CT. Address Address City-State-Zip: PORT ST LUCIE FL 34952 City-State-Zip: PORT ST. LUCIE FL 34952

Title VΡ Title **PRESIDENT** 

Name BELL. DAVID Name TOTARO, MICHAEL

Address 1541 SE ARDELLA COURT Address 1574 S.E. COLCHESTER CIRCLE City-State-Zip: PORT ST. LUCIE FL 34952 PORT ST. LUCIE FL 34952 City-State-Zip:

Title D. Title

Name BELL, DAVID Name DINGEE, LOUISE

Address 1541 SE ARDELLA CT. Address 1451 COLCHESTER CIRCLE PORT ST. LUCIE FL 34952 City-State-Zip: PORT SAINT LUCIE FL 34952 City-State-Zip:

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.

**TREASURER** 

Electronic Signature of Signing Officer/Director Detail