

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751728

FILED
Mar 19, 2019
Secretary of State
3050149048CC

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

FEI Number: 59-2182228

Certificate of Status Desired: Yes

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, MAX
Address 1532 SE LYNSHIRE CT.
City-State-Zip: PORT ST LUCIE FL 34952

Title VP
Name BORDI, PETE
Address 1502 SE HEPWORTH COURT
City-State-Zip: PORT ST. LUCIE FL 34952

Title TREASURER
Name CHALUPA, JAMES
Address 1534 SE COLCHESTER COURT
City-State-Zip: PORT ST. LUCIE FL 34952

Title SECRETARY
Name COYNE, PEGGY
Address 1518 SE DEWBERRY CIR
City-State-Zip: PORT SAINT LUCIE FL 34952

Title DIRECTOR
Name VOSECEK, WILLIAM
Address 1582 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 POLEGA, ALICIA
Address 1562 SE CORVAIR CIRCLE
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

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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: MAX SCAROGNI

PRESIDENT

03/19/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name RUFOLO, ADRIENNE
Address 1517 SE COLCHESTER CIRCLE
City-State-Zip: PORT SAINT LUCIE FL 34952