

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **720833** (3)

1. Corporation Name
VILLAGE ROYALE GREENBRIAR ASSOCIATION, INC.



Principal Place of Business Mailing Address
2515 N.E. 1ST COURT APT. 210 BOYNTON BCH FL 33435

3. Date Incorporated or Qualified **04/30/1971** 3a. Date of Last Report **03/08/1995**
4. FEI Number **59-4461404** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. **Apt. 317** 26. Suite, Apt. #, etc. **Apt 317**
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VRG OWNERS LEAGUE INC
2505 NE 2ND COURT
BOYNTON BEACH FL 33435**

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PDVD	<input checked="" type="checkbox"/> DELETE
NAME	DAVID, SLOAN	
STREET ADDRESS	2515 N.E. 1ST COURT #210	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	
TITLE	PDVD	<input type="checkbox"/> DELETE
NAME	BARDEN, HORALD	
STREET ADDRESS	2515 N.E. 1ST COURT #203	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	
TITLE	VVD	<input type="checkbox"/> DELETE
NAME	KALMER, SAMUEL	
STREET ADDRESS	2515 N.E. 1ST COURT #314	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GALLY, ALBERT	
STREET ADDRESS	2515 NE 1 CT #110	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LILLE, WILLIAM	
STREET ADDRESS	2515 NE 1ST CT	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KASKY, RICHARD	
STREET ADDRESS	2515 NE 1ST CT	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	EDWARD LESSINGER	
1.3 STREET ADDRESS	2515 N.E. 1ST COURT APT 317	
1.4 CITY-ST-ZIP	BOYNTON BEACH, FL. 33435	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	HARRY KADIN VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HARRY KADIN	
4.3 STREET ADDRESS	2515 N.E. 1ST COURT APT 412	
4.4 CITY-ST-ZIP	BOYNTON BEACH, FL. 33435	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward Lessinger, Treas 1/16/96 (407) 737-1448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)