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Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 2515 N.E. 1ST COURT APT 317 BOYNTON BCH FL 33435 US  
Mailing Address: 2515 N.E. 1ST COURT APT 317 BOYNTON BCH FL 33435 US

3. Date Incorporated or Qualified: 04/30/1971  
4. FEI Number: 59-4461404  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: VRG OWNERS LEAGUE INC, 2505 NE 2ND COURT, BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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 relistating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                 |  |
|--|--|
| TITLE: T                                   | <input checked="" type="checkbox"/> DELETE |
| NAME: LESSINGER, EDWARD                    |  |
| STREET ADDRESS: 2515 NE 1ST COURT APT 317  |  |
| CITY-ST-ZIP: BOYNTON BEACH FL              |  |
| TITLE: PD                                  | <input type="checkbox"/> DELETE            |
| NAME: BARDEN, HORALD                       |  |
| STREET ADDRESS: 2515 N.E. 1ST COURT #203   |  |
| CITY-ST-ZIP: BOYNTON BCH, FL 00000         |  |
| TITLE: S                                   | <input type="checkbox"/> DELETE            |
| NAME: SHERMAN, FRIEDA                      |  |
| STREET ADDRESS: 2615 NE 1ST COURT, APT 212 |  |
| CITY-ST-ZIP: BOYNTON BCH, FL 00000         |  |
| TITLE: VP                                  | <input checked="" type="checkbox"/> DELETE |
| NAME: TOMARAZZA, FRANK                     |  |
| STREET ADDRESS: 2515 NE 1ST COURT, #418    |  |
| 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: D                                   | <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: ALIPERTA, LOUIS, SR                         |  |
| 1.3 STREET ADDRESS: 2515 NE 1ST CT # 313              |  |
| 1.4 CITY-ST-ZIP: BOYNTON BEACH FL 33435               |  |
| 2.1 TITLE: D  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME: RADA, LOUIS                                 |  |
| 2.3 STREET ADDRESS: 2515 NE 1ST CT # 215              |  |
| 2.4 CITY-ST-ZIP: BOYNTON BEACH, FL 33435              |  |
| 3.1 TITLE:  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME:   |  |
| 3.3 STREET ADDRESS:                                   |  |
| 3.4 CITY-ST-ZIP:                                      |  |
| 4.1 TITLE: VP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME: TED BODWALL TED                             |  |
| 4.3 STREET ADDRESS: 2515 NE 1ST CT # 308              |  |
| 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:  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME:   |  |
| 6.3 STREET ADDRESS:                                   |  |
| 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

CR2E037 (10/97)