

DOCUMENT # 720833
1. Entity Name
VILLAGE ROYALE GREENBRIAR ASSOCIATION, INC.

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90046 040 ****61.25

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 59-4461404
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	ALIPERTA, LOUIS SR	
STREET ADDRESS	2515 NE 1ST CT #313	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BARDEN, HORALD	
STREET ADDRESS	2515 N.E. 1ST COURT #203	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHAMOFF, STANLEY	
STREET ADDRESS	2515 NE 1ST CT #212	
CITY-ST-ZIP	BOYTON BEACH FL 33435	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BODWELL, TED	
STREET ADDRESS	2515 NE 1ST CT 308	
CITY-ST-ZIP	BOYNTON BCH FL 33435	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REDA, LOUIS	
STREET ADDRESS	2515 NE 1ST CT #215	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALSIN, ESTHER	
STREET ADDRESS	2515 N.E. 1ST CT #401	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOMBARDO, FRANK	
STREET ADDRESS	2515 N.E. 1ST CT #418	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE OF REGISTERED AGENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1/16/01 Daytime Phone #: 732-1368

CR2E037 (10/00)