


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90055 004 ****61.25

DOCUMENT # 720833			
1. Entity Name VILLAGE ROYALE GREENBRIAR ASSOCIATION, INC.			
Principal Place of Business 2515 N.E. 1ST COURT APT 306 BOYNTON BCH, FL 33435 US		Mailing Address 2515 N.E. 1ST COURT APT 306 BOYNTON BCH, FL 33435 US	
2. Principal Place of Business <i>2515 NE 1st Court</i>		3. Mailing Address	
Suite, Apt. #, etc. 2515 NE 1st Court		Suite, Apt. #, etc.	
City & State <i>Boynton Beach, FL</i>		City & State	
Zip <i>33435</i>	Country <i>Palm Beach</i>	Zip	Country
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		Name	
Street Address (P.O. Box Number is Not Acceptable)		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALIPERTA, LOUIS 2515 NE 1ST CT #313 BOYNTON BEACH, FL 33435 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> Ruth Amato 2515 N. E. 1st Ct #214 Boynton Beach, FL 33435 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NADBY, MOSHE 2615 NE 1ST CT #303 BOYNTON BEACH, FL 33435 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP - Sales</i> HARRIET ALIPERTA 2515 N. E. 1st Ct #313 Boynton Beach FL 33435 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIRPO, DAVE 2515 NE FIRST CT APT 110 BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Delg</i> STANLEY Chamoff 2515 N. E. 1st #212 Boynton Beach, FL 33435 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLOANE, LEON 2515 NE 1ST CT 308 BOYNTON BCH, FL 33435 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Delg</i> MARTIN VINCEFF 2515 N. E. 1st Ct #307 Boynton Beach FL 33435 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALSEN, ESTHER 2515 NE 1ST CT #407 BOYNTON BEACH, FL 33435 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Madelene Kohn 2515 NE 1st Ct #314 Boynton Beach, FL 33435 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLDSTEIN, BARBARA 2515 NE FIRST COURT #313 BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Emily Gross 2515 NE 1st Ct #101 Boynton Beach, Florida <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <i>Ruth Amato</i> Ruth Amato		Date: <i>2/2/05</i> 561-374-9246	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

50016847



01292005 Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

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