

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR -6 AM 11:10

DOCUMENT # **722793** (7)  
1. Corporation Name  
**VILLAGE ROYALE EMERALD GREEN ASSOCIATION, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
C. C.  
2600 N.E. FIRST LANE 2600 N.E. FIRST LANE  
BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/29/1972** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-1546353** 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
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. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**MOLLEUGARDER, PETER C.**  
**450 AUSTRALIAN AVE.**  
**WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent  
81 Name **V.R.G. OWNERS LEAGUE, INC.**  
82 Street Address (P.O. Box Number is Not Acceptable) **2505 NE J COURT**  
83 **BOYNTON BEACH**  
84 City **FL** 85 Zip Code **33435**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **1/31/95**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>LEMKOWITZ, SYLVIA</b>
STREET ADDRESS	<b>2600 NE 1ST LN</b>
CITY - ST - ZIP	<b>BOYNTON BCH FL</b>
TITLE	<b>V</b>
NAME	<b>ROTH, CONNIE</b>
STREET ADDRESS	<b>2600 NE 1ST LANE</b>
CITY - ST - ZIP	<b>BOYNTON BCH FL</b>
TITLE	<b>VP</b>
NAME	<b>DRETEL, MARTIN</b>
STREET ADDRESS	<b>2600 NE 1ST LN.</b>
CITY - ST - ZIP	<b>BOYNTON BCH FL</b>
TITLE	<b>S</b>
NAME	<b>ESCOBEDO, ELAINE</b>
STREET ADDRESS	<b>2600 NE 1ST LN</b>
CITY - ST - ZIP	<b>BOYNTON BCH FL</b>
TITLE	<b>D</b>
NAME	<b>PACIFICO, JOSEPH</b>
STREET ADDRESS	<b>2600 NE 1ST LN</b>
CITY - ST - ZIP	<b>BOYNTON BCH FL</b>
TITLE	<b>D</b>
NAME	<b>ZOLTAN, BETTY</b>
STREET ADDRESS	<b>2600 NW 1ST LN</b>
CITY - ST - ZIP	<b>BOYNTON BCH FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>ELAINE ESCOBEDO</b>
1.3 STREET ADDRESS	<b>2600 N.E. 1ST LN.</b>
1.4 CITY - ST - ZIP	<b>BOYNTON BCH. FL. 33435</b>
2.1 TITLE	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>CONNIE ROTH</b>
2.3 STREET ADDRESS	<b>2600 N.E. 1ST LN.</b>
2.4 CITY - ST - ZIP	<b>BOYNTON BCH. FL. 33435</b>
3.1 TITLE	<b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>REGINA KAPLAN</b>
3.3 STREET ADDRESS	<b>2600 N.E. 1ST LN.</b>
3.4 CITY - ST - ZIP	<b>BOYNTON BCH. FL. 33435</b>
4.1 TITLE	<b>TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>EVELYN SKOLNIK</b>
4.3 STREET ADDRESS	<b>260 N.E. 1ST LN.</b>
4.4 CITY - ST - ZIP	<b>BOYNTON BCH. FL. 33435</b>
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 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **ELAINE ESCOBEDO** **1-31-95** **407-738-9516**  
Signature and typed or printed name of signing officer or director