

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



Principal Place of Business Mailing Address
C. 2600 N.E. FIRST LANE BOYNTON BEACH FL 33435
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3. Date Incorporated or Qualified: 02/29/1972
3a. Date of Last Report: 03/06/1995
4. FEI Number: 59-1546353
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. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

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

10. Name and Address of New Registered Agent
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 re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, REGINA	1.2 NAME	
STREET ADDRESS	2600 NE 1ST LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROTH, CONNIE	2.2 NAME	VP
STREET ADDRESS	2600 NE 1ST LANE	2.3 STREET ADDRESS	CHILL, MURIEL
CITY-ST-ZIP	BOYNTON BCH FL	2.4 CITY-ST-ZIP	2600 N.E. 1ST LANE BOYNTON BEACH FL.
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SKOLNIK, EVELYN	3.2 NAME	T
STREET ADDRESS	2600 NE 1ST LN.	3.3 STREET ADDRESS	KATZ, ARLENE
CITY-ST-ZIP	BOYNTON BCH FL	3.4 CITY-ST-ZIP	2600 N.E. 1ST LANE BOYNTON BEACH, FL.
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESCOBEDO, ELAINE	4.2 NAME	P/T
STREET ADDRESS	2600 NE 1ST LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PACIFICO, JOSEPH	5.2 NAME	D
STREET ADDRESS	2600 NE 1ST LN	5.3 STREET ADDRESS	ROTH, CONNIE
CITY-ST-ZIP	BOYNTON BCH FL	5.4 CITY-ST-ZIP	2600 N.E. 1ST LANE BOYNTON BEACH, FL.
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZOLTAN, BETTY	6.2 NAME	D
STREET ADDRESS	2600 NW 1ST LN	6.3 STREET ADDRESS	WENDORFF, MURRAY
CITY-ST-ZIP	BOYNTON BCH FL	6.4 CITY-ST-ZIP	2600 N.E. 1ST LANE BOYNTON, BEACH FL.

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: *Elaine Escobedo* 2-4-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ELAINE ESCOBEDO Date: 2-4-96 Daytime Phone #: 407-7389516

CR2E037 (12/95)