

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90157 003 \*\*\*\*61.25

**DOCUMENT # 722793**

1. Entity Name

**VILLAGE ROYALE EMERALD GREEN ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C.  
**2600 N.E. FIRST LANE**  
**BOYNTON BEACH FL 33435**

C.  
**2600 N.E. FIRST LANE**  
**BOYNTON BEACH FL 33435**

00049076



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1546353**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEPNER, ALLEN**  
**2600 NE 1ST LANE**  
**BOYNTON BEACH FL 33435**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	STEPNER, ALLEN B	
STREET ADDRESS	2600 N E 1ST LN	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	HELMSTEADT, DOTOTHY	
STREET ADDRESS	2600 NE 1ST LANE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ROTH, CONNIE	
STREET ADDRESS	2600 NE 1ST LANE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ROTH, CONNIE	
STREET ADDRESS	2600 NE 1ST LANE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ZOLTAN, BETTY	
STREET ADDRESS	2600 NW 1ST LN	
CITY-ST-ZIP	BOYNTON BCH FL 33435	
TITLE	Dc	<input type="checkbox"/> Delete
NAME	DOLITTLE, ROBERT	
STREET ADDRESS	2600 N.W. 1 LANE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPNER, ALLEN B	
STREET ADDRESS	2600 NE 1ST LANE	
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		
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: *Allen B. Stepner* **Allen B. Stepner DP** 01/19/02 56/734 6634  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)