


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 722793 1. Entity Name VILLAGE ROYALE EMERALD GREEN ASSOCIATION, INC.		
Principal Place of Business C. 2600 N.E. FIRST LANE <i>ROOM 300</i> BOYNTON BEACH FL 33435		Mailing Address C. 2600 N.E. FIRST LANE <i>ROOM 300</i> BOYNTON BEACH FL 33435
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
Country		Country

FILED
 04 JUL 21 PM 3: 42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



MOORE CR2E037 (4/04)

4. FEI Number 59-1546353				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent STEPNER, ALLEN 2600 NE 1ST LANE 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. I am familiar with, and accept the obligations of registered agent. <i>ALLEN B STEPNER</i> SIGNATURE <i>Allen B. Stepner</i> DATE <i>07/01/2004</i> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW: FEE IS \$61.25 Due By September 8, 2004		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	DP	<input type="checkbox"/> Delete	TITLE	100039377850 Change	<input type="checkbox"/> Addition
NAME	STEPNER, ALLEN B		NAME	07/21/04--01030--003 **\$61.25	
STREET ADDRESS	2600 N E 1ST LN		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP		
TITLE	DVS	<input type="checkbox"/> Delete	TITLE	<i>DVS STEPNER ALLEN B</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEDNER, ALLEN B		NAME		
STREET ADDRESS	2600 NE 1ST LANE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, CONNIE		NAME		
STREET ADDRESS	2600 NE 1ST LANE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, CONNIE		NAME		
STREET ADDRESS	2600 NE 1ST LANE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOLTAN, BETTY		NAME		
STREET ADDRESS	2600 NW 1ST LN		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH FL 33435		CITY-ST-ZIP		
TITLE	DI	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLITTLE, ROBERT		NAME		
STREET ADDRESS	2600 N.W. 1. LANE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33435		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* DP **ALLEN B STEPNER** *07/01/04* *561 734 6634*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #