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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724552

1. Corporation Name

VILLAGE ROYALE GREENVIEW ASSOCIATION, INC.

Principal Place of Business

2520 NE 1ST CT
107
BOYNTON BEACH FL 33435
US

Mailing Address

2520 NE 1ST CT
107
BOYNTON BEACH FL 33435
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/16/1972

4. FEI Number

59-1537159

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~KATZ, BENJAMIN N~~ **ELAINE WERNER**
2520 N.E. 1ST COURT #308
BOYNTON BEACH FL 33425

81 Name

ELAINE WERNER

82 Street Address (P.O. Box Number is Not Acceptable)

2520 NE 1ST COURT - 308

83

84 City

Boynton Beach

FL

85 Zip Code

33425

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 *Elaine Werner*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

11/27/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KATZ, BENJAMIN N	
STREET ADDRESS	2520 NE 1ST CT	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MUSSMAN, NORMAN M	
STREET ADDRESS	2520 N.E. 1ST COURT	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KATZ, BENJAMIN N.	
STREET ADDRESS	2520 N.E. 1ST COURT	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GREEN, JOSEPH	
STREET ADDRESS	2520 NE 1ST CT	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	BOARD OF DIRECTORS	<input type="checkbox"/> DELETE
NAME	ROVNER, ANNA E	
STREET ADDRESS	2520 NE 1ST CT	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TABACK, MILTON	
STREET ADDRESS	2520 NE 1ST CT	
CITY-ST-ZIP	BOYNTON BEACH FL	

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ELAINE WERNER	
1.3 STREET ADDRESS	2520 N.E. 1ST CT #308	
1.4 CITY-ST-ZIP	Boynton Bch, FL 33435	
2.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	EMMA LEDINE	
2.3 STREET ADDRESS	2520 N.E. 1ST CT #311	
2.4 CITY-ST-ZIP	Boynton Bch, FL 33435	
3.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JEAN FASSINO	
3.3 STREET ADDRESS	2520 N.E. 1ST CT #304	
3.4 CITY-ST-ZIP	Boynton Bch, FL 33435	
4.1 TITLE	BO. OF DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PAUL SAVIN	
4.3 STREET ADDRESS	2520 NE 1ST CT #203	
4.4 CITY-ST-ZIP	Boynton Bch, FL 33435	
5.1 TITLE	BO. OF DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Shirley WITTON BORG	
5.3 STREET ADDRESS	2520 N.E. 1ST CT #213	
5.4 CITY-ST-ZIP	Boynton Bch, FL 33435	
6.1 TITLE	BO. OF DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JUDIE DECKER	
6.3 STREET ADDRESS	2520 N.E. 1ST CT #204	
6.4 CITY-ST-ZIP	Boynton Bch, FL 33435	

14. 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 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, with all other like empowered.

SIGNATURE:

Elaine Werner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/27/99

CR2E037 (11/98)