

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 724552**

1. Entity Name

VILLAGE ROYALE GREENVIEW ASSOCIATION, INC.**FILED****00 MAR 16 PM 1:00****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2520 NE 1ST CT 107 BOYNTON BEACH FL 33435 US	Mailing Address 2520 NE 1ST CT 107 BOYNTON BEACH FL 33435-2021 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-1537159	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WERNER, ELAINE
2520 NE 1ST CT
#308
BOYNTON BEACH FL 33425

7. Name and Address of New Registered Agent

Name **PAUL SLAVIN**
Street Address (P.O. Box Number is Not Acceptable)
2520 NE 1ST CT #203
BOYNTON BEACH
City **FL** Zip Code **33435**

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 *Paul Slavin* **March 8, 2000**
Signature, typed or printed name of registered agent and date 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

TITLE	P	<input type="checkbox"/> Delete
NAME	WERNER, ELAINE	
STREET ADDRESS	2520 NE 1ST CT #308	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LEVINE, EMMA	
STREET ADDRESS	2520 NE 1ST CT #311	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	T	<input type="checkbox"/> Delete
NAME	FASSINO, JEAN	
STREET ADDRESS	2520 NE 1ST CT #304	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	BOD	<input type="checkbox"/> Delete
NAME	SLAVIN, PAUL	
STREET ADDRESS	2520 NE 1ST CT #203	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	BOD	<input type="checkbox"/> Delete
NAME	WITTENBERG, SHIRLEY	
STREET ADDRESS	2520 NE 1ST CT #213	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	BOD	<input type="checkbox"/> Delete
NAME	BECKER, BIRDIE	
STREET ADDRESS	2520 NE 1ST CT #204	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN BURKE VPD	
STREET ADDRESS	2520 NE 1ST CT	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SP	
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: *Signature of Jean Fassino, Treas.* **1-31-00** **737-2346**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)