

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90039 014 \*\*\*\*61.25

**DOCUMENT # 724552**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1537159

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

GROSSMAN, JACK  
2520 NE 1ST COURT 313  
BOYNTON BEACH FL 33425

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.

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**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GROSSMAN, JACK	
STREET ADDRESS	2520 NE 1ST CT 313	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURKE, JOHN	
STREET ADDRESS	2520 NE 1ST CT	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	T	<input type="checkbox"/> Delete
NAME	GROSSMAN, SANDY	
STREET ADDRESS	2540 NA 145 CT	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WALTER, MARTIN	
STREET ADDRESS	2520 NE 1ST CT	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	CP	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, LYNN	
STREET ADDRESS	2520 NE 1ST CT 412	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REISS, GEORGE	
STREET ADDRESS	2520 NE 1ST CT	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARLENE ADAMS	
STREET ADDRESS	2520 NE 1ST COURT APT 413	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEN ORNER	
STREET ADDRESS	2520 NE 1ST COURT APT 202	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ELAINE WEARNER - DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2520 NE 1ST COURT APT 208	
STREET ADDRESS	BOYNTON BEACH FL 33435	
CITY-ST-ZIP		
TITLE	DIRECTOR: ED. GLEICK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2520 NE 1ST COURT APT 111	
STREET ADDRESS	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:

*Jack Grossman* JACK GROSSMAN

3/28/05

Date

561-738-1963

Daytime Phone #