

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725226 (5)

1. Corporation Name

VILLAGE ROYALE GREENTREE ASSOCIATION, INC.



Principal Place of Business: 2515 NE 2ND COURT, BOYNTON BEACH FL 33435
Mailing Address: 2515 NE 2ND COURT, BOYNTON BEACH FL 33435

3. Date Incorporated or Qualified: **01/10/1973**
3a. Date of Last Report: **02/24/1995**
4. FEI Number: **59-1537161**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc., 23 City & State, 24 Zip, 25 Country
2a. Mailing Address: 26 Suite, Apt. #, etc., 27 City & State, 28 Zip, 29 Country, 30 Country

9. Name and Address of Current Registered Agent
ROSENSTIEN, SARAH
2515 NE 2ND COURT 406
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City, 85 Zip Code **FL**

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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RINDZUNER, GLADYS	
STREET ADDRESS	2515 NE 2ND CT	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROSENSTIEN, SARAH	
STREET ADDRESS	2515 NE 2ND CT	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GROSSBARD, LEO	
STREET ADDRESS	2515 NE 2ND CT	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KANTOR, LILLIAN	
STREET ADDRESS	2515 NE 2ND CT	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Sarah Rosenstien DATE: 3/4/96 DAYTIME PHONE: (407)-736-7403

CR2E037 (12/95)