

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2008 NOV 12 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 725226		
1. Entity 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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10272008 REIN-NP CR2E099 (1/07)

4. FEI Number 59-1537161	Applied For 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		7. Name and Address of New Registered Agent	
SANSOSKY, LESLIE 2515 NE 2ND COURT APT 108 BOYNTON BEACH, FL 33435		Name <u>Brian H. Miller, President</u> Street Address (P.O. Box Number is Not Acceptable) <u>2515 NE 2nd Ct. Apt 111</u> City <u>Boynton Beach</u> FL Zip Code <u>33435</u>	

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 <u>Brian H. Miller, President</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>10-28-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANDUSKY, LESLIE 2515 NE 2ND CT., APT. 108 BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Miller, Brian 2515 NE 2nd Ct. Apt 111 Boynton Beach, FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIMARTINO, GIORGIO 2515 NE 2ND CT. APT. 301 BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Pres Sandusky, Leslie 2515 NE 2nd Ct - Apt 108 Boynton Beach, FL 33435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOLBE, HENRIETTA 2515 NE 2ND CT., APT. 416 BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUCIFORO, Vittorio 2515 NE 2nd Ct. Apt 102 Boynton Beach, FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, CAROL 2515 NE 2ND CT APT 203 BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Matlin, Harvey 2515 NE 2nd Ct Apt 203 Boynton Beach, FL 33435	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IMHOFF, PAULINE 2515 NE 2ND CT., APT. 217 BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300138036113 11/18/08--01013--003	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, MARVIN 2515 NE 2ND CT., APT. 409 BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Brian H. Miller</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>10-28-08</u> 561-523-1447 <small>Date Daytime Phone #</small>

REINSTATEMENT
2008