## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Mar 17, 2003 8:00 am Secretary of State **DOCUMENT # 725226** 1. Entity Name 03-17-2003 90704 050 \*\*\*\*61.25 VILLAGE ROYALE GREENTREE ASSOCIATION, INC. Principal Place of Business Mailing Address 2515 NE 2ND COURT 2515 NE 2ND COURT **BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-1537161 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BLOOM, AUDREY** 2515 NE 2ND COURT APT 408 **BOYNTON BEACH FL 33435** 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. the obligations of registered agent 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. /OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change ☐ Addition MILLER, BRIAN H NAME NAME STREET ADDRESS 2515 NE 2ND CT STREET ADDRESS CITY-ST-ZIP BOYNTON BCH, FL 00000 33435 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition **BLOOM, AUDREY** NAME NAME STREET ADDRESS 2515 NE 2ND CT STREET ADDRESS 25 15 NE CITY-ST-ZIP **BOYNTON BEACH FL 33435** CITY-ST-ZIP TITLE **≭**Delete TITLE ☐ Addition NAME BLOOM, MANUEL NAME STREET ADDRESS 2515 NE 2ND CT STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33435** CITY-ST-ZIP TITLE Delete TITE Change Addition FROMKIN, ELEANOR NAME Bernald NAME 2515 NE 2nd CT STREET ADDRESS 2515 NE 2ND CT STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33435** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MILLER, STEVE NAME STREET ADDRESS 2515 NE 2ND CT STREET ADDRESS 3515 NE 2nd Bounton Brace CITY-ST-7/P **BOYNTON BEACH FL 33435** CITY-ST-ZIP Fl. 33435 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Bounton Beach

**FILED** 

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