

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 # 725236 (4)

1. Corporation Name
VILLAGE ROYAL GREENHILL ASSOCIATION, INC.



Principal Place of Business	Mailing Address
300 N E 26 AVENUE #414 BOYNTON BEACH FL 33435 US	300 N E 26 AVENUE #414 BOYNTON BEACH FL 33435 US

3. Date Incorporated or Qualified 01/10/1973	3a. Date of Last Report 03/02/1995
4. FEI Number 59-1537162	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**VRG OWNER'S LEAGUE INC
2505 NE 2ND CT
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 **FL** 85 Zip Code

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 not stating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	JACOBS, JOAN	
STREET ADDRESS	300 N.E. 26TH AVE.	
CITY - ST - ZIP	BOYNTON BEACH, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JACOBS, JULIUS	
STREET ADDRESS	300 NE 26TH AVENUE	
CITY - ST - ZIP	BOYNTON BEACH, FL 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BELKIN, JACK	
STREET ADDRESS	300 NE 26TH AVE #213	
CITY - ST - ZIP	BOYNTON BEACH, FL 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BEIN, ANN	
STREET ADDRESS	300 NE 26TH AVE #403	
CITY - ST - ZIP	BOYNTON BEACH, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BUFF, ANITA	
STREET ADDRESS	300 NE 26TH AVENUE	
CITY - ST - ZIP	BOYNTON BEACH, FL 00000	
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: *Julius Jacobs* **JULIUS JACOBS** 2/13/96 (407) 332-9444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)