

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 02 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725236 (4)
 1. Corporation Name
VILLAGE ROYAL GREENHILL ASSOCIATION, INC.



Principal Place of Business 300 N E 26 AVENUE #414 BOYNTON BEACH FL 33435 US	Mailing Address 300 N E 26 AVENUE #414 BOYNTON BEACH FL 33435 US
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3. Date Incorporated or Qualified 01/10/1973	
4. FEI Number 59-1537162	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 300 NE 26 AVE #213	2a. Mailing Address 25
Suite, Apt. #, etc. 22 BOYNTON BCH FL.	Suite, Apt. #, etc. 27
City & State 23 33435	City & State 28
Zip 24	Country 25 FL
Country 29 FL	Zip 30

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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
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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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACOBS, JOAN 300 N.E. 26TH AVE. BOYNTON BEACH, FL 00000	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACOBS, JULIUS 300 NE 26TH AVENUE BOYNTON BEACH, FL 00000	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BELKIN, JACK 300 NE 26TH AVE #213 BOYNTON BEACH, FL 00000	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUFF, ANITA 300 NE 26TH AVENUE BOYNTON BEACH, FL 00000	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORSIS, ARNOWITZ 300 NC 26TH AVE BOYNTON BECH FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

T. Joan Jacobs
300 NE 26 AVE

PD Jack Belkin
300 NE 26 AVE
BOYNTON BCH FL 33435

VP MORRIS ARNOWITZ
300 NE 26 AVE
BOYNTON BCH FL 33435

SD ANITA BUFF
300 NE 26 AVE
BOYNTON BCH FL 33435

VP MAURICE SILVERMAN
300 N.E. 26 AVE
BOYNTON BCH FL 33435

14. 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 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 REQUIRED *Jack Belkin* 1-19 516-737-0949

CR2E037 (10/97)