

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90219 002 ****61.25

DOCUMENT # 725236

1. Entity 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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1537162

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VRG OWNER'S LEAGUE INC
2505 NE 2ND CT
BOYNTON BEACH FL 33435**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

PRES.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------|--|
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | JACOBS, KAREN | |
| STREET ADDRESS | 300 N.E. 26TH AVE. | |
| CITY-ST-ZIP | BOYNTON BEACH FL | |

| | | |
|----------------|-------------------------------|---|
| TITLE | T | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROSE COLEMAN | |
| STREET ADDRESS | 300 NE 26 AVE | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33435 | |

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | STOREN, JEROME | |
| STREET ADDRESS | 300 NE 26TH AVE., #412 | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33435 | |

| | | |
|----------------|----------------------|--|
| TITLE | JEROME STOREN | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | VPDT | <input type="checkbox"/> Delete |
| NAME | SPIRO, ED | |
| STREET ADDRESS | 300 NE 26TH AVENUE | |
| CITY-ST-ZIP | BOYNTON BEACH FL | |

| | | |
|----------------|------------|--|
| TITLE | VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | CAPLAN, IRVING | |
| STREET ADDRESS | 300 NE 26TH AVE #201 | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33435 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | WAGNER, SYLVIA | |
| STREET ADDRESS | 300 NE 26TH AVE., #210 | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33435 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E037 (10/00)