



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90009 015 ****61.25

DOCUMENT # 725236					
1. Entity Name VILLAGE ROYAL GREENHILL ASSOCIATION, INC.					
Principal Place of Business 300 N E 26 AVENUE #412 BOYNTON BEACH, FL 33435 US		Mailing Address 300 N E 26 AVENUE #414 BOYNTON BEACH, FL 33435 US		<p>400-</p> 	
2. Principal Place of Business		3. Mailing Address		01102006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-1537162	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STORCH, GERRY 300 NE 26TH AVENUE BOYNTON BEACH, FL 33435				Name <i>George Odell</i>	
				Street Address (P.O. Box Number is Not Acceptable) <i>300 NE 26 Ave</i>	
				City <i>Boynton Beach</i> FL Zip Code <i>33435</i>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STORCH, GERRY		NAME	<i>ROBERT HAIGUS</i>	
STREET ADDRESS	300 NE 26TH AVENUE		STREET ADDRESS	<i>300 NE 26 Ave</i>	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP	<i>BOYNTON BEACH, FL 33435</i>	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAVON, ELAINE		NAME	<i>George Odell</i>	
STREET ADDRESS	300 NE 26TH AVENUE		STREET ADDRESS	<i>300 NE 26 Ave</i>	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP	<i>BOYNTON BEACH, FL 33435</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPLAN, IRVING		NAME		
STREET ADDRESS	300 NE 26TH AVE #201		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARR, MANNY		NAME		
STREET ADDRESS	300 NE 26 AVE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, MYRA		NAME		
STREET ADDRESS	300 NE N. AVE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>George L. Odell President</i>			27 February 2006		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		