FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name 724552 (5)

VILLAGE	DOVALE	GREENVIEW	ASSOCIATION.	INC.
VIII ALST	RUTALE	GREENVIEW	HOODOUNTION	IIIU.

VILLAC	AL HOTALE GILLIAMEN NO								
Principal Place of Business		Mailing Address				/IU FIUI U##11 UIU	in delter milite	SIBM BIDIT IODA	
2520 NE 18	т ст	2520 NE 18T CT 107							
BOYNTON BEACH FL 33435 US BOYNTON BEACH FL 33435 US			3435			 Date Incorporated or Qualified 10/16/1972 		te of Last F 02/15/1 9	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number			pplied For	
21		Suite, Apt. #, etc.			59-1537159			lot Applicable Additional	
Suite, Apt. #, etc.		27			5. Certificate of Status Desired		-	Required	
City & State		City & State			6. Election Campaign Financing			May Be	
23	Country	Zip	Cou	intry		Trust Fund Contribution 8. This corporation has liability fo			1 to Fees
Zip 24	Country 25	29	30			Florida Statutes	Yes 🔼		100.002,
	9. Name and Address of Curren		11			10. Name and Address of New	Registered /	Ágent	
				81	Name				
KATZ, I	BENJAMIN N			82	Street Add	ress (P.O. Box Number is Not Accepte	ible)		
	.E. 1ST COURT #107			83				 -	
BOYNT	ON BEACH FL 34435							T11 =	
				84	City		FL	85 Zip	Code
or registe	to the provisions of Sections 617.0502 ered agent, or both, in the State of Florivith, and accept the obligations of, Sect	da. Such change was authorize	ed by the c	orpo	named corpor oration's boa	ration submits this statement for the pard of directors. I hereby accept the ap	urpose of cha pointment as	inging its re registered	egistered office agent. I am
SIGNATURE	•								
	Signature, typeo or printed name of registered agent	and the copposition	TE: Registered	Agen	t signature require	ad when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTO	RS IN 12
12.	OFFICERS AN	DELETE	1,1 3	ITLE	— <i>[</i>	IFC. D		Change	☐ Addition
NAME	KATZ, BENJAMIN N	_	1.2 N	AME	}	CES. D.			
STREET ADDRESS	1		1.3 S	TREET	ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL		140	ITY-S	T-ZIP				
TITLE	D	DELETE	217	ITLE	1	le de	ļ	Change	Addition
NAME	MUSSMAN, NORMAN M		2.2 N	AME	'	Y 1 2 PM			
STREET ADDRESS					ADDRESS				
CHTY-ST-ZIP	BOYNTON BEACH FL	DELETE	2. 4 t		ST-ZIP	1-3		Change	☐ Addition
TITLE NAME	TD KATZ, BENJAMIN N.	Dotter	3.2 N			IVELS			·
STREET ADDRESS					ADDRESS	· 1~4 \1			
CITY-ST-ZIP	BOYNTON BEACH FL		3.4. (CITY-S	ST-ZIP	<u>, a </u>			
TITLE	VP	DOELTE	4.1 T		1	14 <i>V</i> .		Change	■ Addition
NAME	GREEN, JOSEPH	/		NAME					
STREET ADDRESS		` .			ADDRESS				
CITY - ST - ZIP	BOYNTON BEACH FL	DELETE	_	HTY-S	ST-ZIP	GEAN D		Change	Addition
TITLE	S ROVNER, ANNA E	Doctor		VAME		y y			_
NAME STREET ADDRESS					r address	[/] 4000017	,22C	⊑ ⊿	
CITY-ST-ZIP	BOYNTON BEACH FL		1		ST - ZIP	4000017 -03/06/960	1023	15	
TITLE	D D	DELETE	_	ITLE		***61.25		Change	Addition
NAME	TABACK, MILTON		6.21	NAME	-	ν · · · · · · · · · · · · · · · · · · ·			
STREET ADDRESS			6.3 9	STREET	T ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL		6.4 (CITY-S	ST-ZIP	for the exemption stated in Contine 1	10 07/3VIA EI	orida Stetur	es I further

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SYGNING OFFICER OR DIRECTOR