

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 725226

**FILED**  
**Feb 05, 2013**  
**Secretary of State**  
**CC3312491510**

**Entity Name:** VILLAGE ROYALE GREENTREE ASSOCIATION, INC.

**Current Principal Place of Business:**

2515 NE 2ND COURT  
BOYNTON BEACH, FL 33435

**Current Mailing Address:**

2515 NE 2ND CT  
BOYNTON BEACH, FL 33435

**FEI Number:** 59-1537161

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

BLOOM, AUDREY PRES  
2515 NE 2ND COURT  
APT. 408  
BOYNTON BEACH, FL 33435 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            BLOOM, AUDREY  
Address        2515 NE 2ND CT APT 408  
City-State-Zip: BOYNTON BEACH FL 33435

Title            VP  
Name            NUCIFORO, VITTORIO  
Address        2515 NE 2ND CT APT 102  
City-State-Zip: BOYNTON BEACH FL 33435

Title            TREASURER  
Name            KAPLAN, JOEL  
Address        2515 NE 2ND CT APT 109  
City-State-Zip: BOYNTON BEACH FL 33435

Title            D  
Name            NUCIFORO, VICTOR  
Address        2515 NE 2ND CT APT 203  
City-State-Zip: BOYNTON BEACH FL 33435

Title            SECRETARY  
Name            MILLER, CAROL  
Address        2515 NE 2ND CT. APT.111  
City-State-Zip: BOYNTON BEACH FL 33435

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** AUDREY BLOOM

**PRESIDENT**

**02/05/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date