

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90055 004 \*\*\*\*61.25

<b>DOCUMENT # 720833</b> 1. Entity Name VILLAGE ROYALE GREENBRIAR ASSOCIATION, INC.			
Principal Place of Business 2515 N.E. 1ST COURT APT 306 BOYNTON BCH, FL 33435 US		Mailing Address 2515 N.E. 1ST COURT APT 306 BOYNTON BCH, FL 33435 US	
2. Principal Place of Business 2515 NE 1st Court Suite, Apt. #, etc. <del>2515 NE 1ST COURT</del>		3. Mailing Address Suite, Apt. #, etc. 	
City & State Boynton Beach, FL		City & State 	
Zip 33435		Country Palm Beach	
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VRG OWNERS LEAGUE INC 2505 NE 2ND COURT BOYNTON BEACH, FL 33435		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE P NAME ALIPERTA, LOUIS STREET ADDRESS 2515 NE 1ST CT #313 CITY-ST-ZIP BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Delete	TITLE President NAME Ruth Amato STREET ADDRESS 2515 N.E. 1st Ct #214 CITY-ST-ZIP Boynton Beach, FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME NADBY, MOSHE STREET ADDRESS 2615 NE 1ST CT #303 CITY-ST-ZIP BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Delete	TITLE VP NAME Harriet Aliperta STREET ADDRESS 2515 N.E. 1st Ct #313 CITY-ST-ZIP Boynton Beach, FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME FIRPO, DAVE STREET ADDRESS 2515 NE FIRST CT APT 110 CITY-ST-ZIP BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete	TITLE Delg NAME Stanley Chamoff STREET ADDRESS 2515 N.E. 1st #212 CITY-ST-ZIP Boynton Beach, FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME SLOANE, LEON STREET ADDRESS 2515 NE 1ST CT 308 CITY-ST-ZIP BOYNTON BCH, FL 33435	<input checked="" type="checkbox"/> Delete	TITLE Delg NAME Martin Vincapp STREET ADDRESS 2515 N.E. 1st Ct #307 CITY-ST-ZIP Boynton Beach, FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME ALSEN, ESTHER STREET ADDRESS 2515 NE 1ST CT #407 CITY-ST-ZIP BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Delete	TITLE NAME Madeline Kohn STREET ADDRESS 2515 NE 1st Ct #317 CITY-ST-ZIP Boynton Beach, FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME GOLDSTEIN, BARBARA STREET ADDRESS 2515 NE FIRST COURT #313 CITY-ST-ZIP BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete	TITLE NAME Emily Gross STREET ADDRESS 2515 NE 1st Ct #101 CITY-ST-ZIP Boynton Beach, Florida	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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. 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.			
<b>SIGNATURE:</b> <u>Ruth Amato</u> <u>Ruth Amato</u> : 2/2/05 561-374-9246 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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