
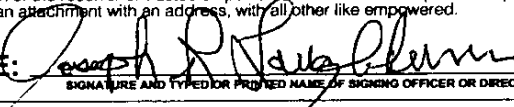


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90040 026 ****70.00

DOCUMENT # 721682					
1. Entity Name VILLAGE ROYALE GREENHAVEN ASSOCIATION, INC.					
Principal Place of Business 230 NE 26TH AVE BOYNTON BCH, FL 33435			Mailing Address 230 NE 26TH AVE BOYNTON BCH, FL 33435		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-1537174				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				02252008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LAUGHUNN, JOSEPH 230 NE 26TH AVE 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. 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, 2008		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	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUGHUNN, JOSEPH			NAME	
STREET ADDRESS	230 NE 26 AVE			STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435			CITY-ST-ZIP	
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESSANS, MONROE			NAME	JEAN GRANT
STREET ADDRESS	230 N.E. 26TH AVE			STREET ADDRESS	230 NE 26TH AVE
CITY-ST-ZIP	BOYNTON BEACH, FL			CITY-ST-ZIP	BOYNTON BEACH, FL
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLECHTING, EDWARD			NAME	WILLIAM GRAZIADI
STREET ADDRESS	230 N.E. 26TH AVE			STREET ADDRESS	230 NE 26TH AVE
CITY-ST-ZIP	BOYNTON BEACH, FL			CITY-ST-ZIP	BOYNTON BEACH, FL
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMAN, SANDRA			NAME	JOHN DUNNE
STREET ADDRESS	230 NE 26TH AVE			STREET ADDRESS	230 NE 26TH AVE
CITY-ST-ZIP	BOYNTON BCH, FL 33435			CITY-ST-ZIP	BOYNTON BEACH, FL
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLECHTING, EILEEN			NAME	ROSALIND GAGLIARDO
STREET ADDRESS	230 NE 26TH AVE			STREET ADDRESS	230 NE. 26TH AVE
CITY-ST-ZIP	BOYNTON BCH, FL 33435			CITY-ST-ZIP	BOYNTON BEACH, FL
TITLE		<input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME	SANDRA NORMAN
STREET ADDRESS				STREET ADDRESS	230 NE. 26TH AVE
CITY-ST-ZIP				CITY-ST-ZIP	BOYNTON BEACH, FL
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: 				Date: 2-26-08 561 733-6513	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	