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Feb 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 722542 (8)

1. Corporation Name

VILLAGE ROYALE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2171 N.E. FIRST COURT
BOYNTON BEACH FL 33435

Mailing Address

2171 N.E. FIRST COURT
BOYNTON BEACH FL 33435-2349

3. Date Incorporated or Qualified
01/18/1972

3a. Date of Last Report
03/15/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

Country

4. FEI Number

59-1410631

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DICKEN, EDWARD
500 AUSTRALIAN AVE
SUITE 600
WEST PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ELLIS, WILLIAM
STREET ADDRESS 2101 NE 1ST COURT APT 101
CITY-ST-ZIP BOYNTON BCH FL

TITLE V ☒ DELETE

NAME BROZYMA, LOURDES
STREET ADDRESS 2164 NE 1ST WAY APT 106
CITY-ST-ZIP BOYNTON BCH FL 33435

TITLE TD ☐ DELETE

NAME ELLIOTT, MURIEL
STREET ADDRESS 2192 NE 1ST WAY
CITY-ST-ZIP BOYNTON BEACH FL

TITLE S ☒ DELETE

NAME FRATELLINI, MARY B
STREET ADDRESS 2132 NE 1ST CT APT 206
CITY-ST-ZIP BOYNTON BEACH FL

TITLE D & VP ☐ DELETE

NAME MC KINNETT, DOUG
STREET ADDRESS 2132 NE 1ST WAY APT 206
CITY-ST-ZIP BOYNTON BEACH FL

TITLE D ☐ DELETE

NAME ARRUDA, CHARLES
STREET ADDRESS 2101 NE 1ST CT
CITY-ST-ZIP BOYNTON BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0042267

CR2E037 (9/96)