

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90038 039 ****61.25

DOCUMENT # 722542

1. Entity 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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1410631

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE...

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **ELLIS, WILLIAM**
STREET ADDRESS **2101 NE 1ST COURT APT 101**
CITY-ST-ZIP **BOYNTON BCH FL**

TITLE **TD** ☐ Delete
NAME **STAUBLE, JULIE**
STREET ADDRESS **2192 NE 1ST WAY**
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **S** ☐ Delete
NAME **HIRRIAN, SUSAN**
STREET ADDRESS **2191 NE 1ST CT**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE **DVP** ☐ Delete
NAME **FRATTINI, MARY.BELLE**
STREET ADDRESS **2132 NE 1ST WAY**
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **SP HERRIMAN**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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. 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-2001 732-7529

Date Daytime Phone #

CF-037 (10/00)