

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722542

1. Entity Name

VILLAGE ROYALE CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90005 002 ****61.25



DO NOT WRITE IN THIS SPACE

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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELLIS, WILLIAM 2101 NE 1ST COURT APT 101 BOYNTON BCH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STAUBLE, JULIE 2192 NE 1ST WAY BOYNTON BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERRIMAN, SUSAN 2191 NE 1ST CT BOYNTON BEACH FL 33435	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FRATTINI, MARY BELLE 2132 NE 1ST WAY BOYNTON BEACH FL 33435	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President WILLIAM ELLIS 2101 NE 1ST COURT 5-101 BOYNTON BEACH, FL 33435	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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. 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: WILLIAM ELLIS 01-21-02

CR2E037 (9/01)