

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90040 041 ****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		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			7. Name and Address of New Registered Agent		
DICKEN, EDWARD 500 AUSTRALIAN AVE SUITE 600 WEST PALM BEACH FL 33401			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 _____ (NOTE: Registered Agent signature required when reconstituting) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	VD	☐ Delete	TITLE	D ☒ Change ☐ Addition	
NAME	PANICO, DANNY		NAME		
STREET ADDRESS	2102 NE 1ST WAY		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CARDEN, NANCY		NAME		
STREET ADDRESS	2164 NE 1ST WAY		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WESTON, SOPHIA		NAME		
STREET ADDRESS	2182 NORTHEAST FIRST WAY		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	O'BRIEN, RICHARD		NAME		
STREET ADDRESS	2102 NE 1ST WAY		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DIDIO, JOE		NAME		
STREET ADDRESS	2192 NORTHEAST FIRST WAY		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change ☒ Addition	
NAME	Ciaramella, John		NAME		
STREET ADDRESS	2192 NE 1ST CT		STREET ADDRESS		
CITY-ST-ZIP	Boynton Beach FL 33435		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: JOE DIDIO PD 2-7-06 561-752-1851