

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90032 041 ****61.25

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1. Entity Name

VILLAGE ROYALE GREENBROOKE ASSOCIATION, INC.



Principal Place of Business

130 N.E. 26TH AVE.
BOYNTON BEACH FL 33435

Mailing Address

130 N.E. 26TH AVE.
BOYNTON BEACH 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

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-1537176

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

JAMES, ROBERT
130 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

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE P ☐ Delete
NAME JAMES, ROBERT
STREET ADDRESS 130 NE 26TH AVE APT 312
CITY-ST-ZIP BOYNTON BCH FL 23343-5

TITLE VP ☐ Delete
NAME TIMM, WARREN
STREET ADDRESS 130 NE 26TH AVE APT 301
CITY-ST-ZIP BOYNTON BCH FL

TITLE TD ☐ Delete
NAME JAMES, CLARE
STREET ADDRESS 130 NE 26TH AVE APT 312
CITY-ST-ZIP BOYNTON BCH FL

TITLE S ☒ Delete
NAME HOFSTEIN, SALLY
STREET ADDRESS 130 NE 26TH AVE APT 408
CITY-ST-ZIP BOYNTON BCH FL

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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME *Secretary John Gioffre*
STREET ADDRESS *130 NE 26 AVE APT 112*
CITY-ST-ZIP *Boynton Beach FL*

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 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:

Robert James

2/25/08 5612157055