

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -6 AM 11:10

DOCUMENT # **722793** (7)
1. Corporation Name
VILLAGE ROYALE EMERALD GREEN ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
C. C.
2600 N.E. FIRST LANE 2600 N.E. FIRST LANE
BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/29/1972** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-1546353** Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
MOLLEUGARDER, PETER C.
450 AUSTRALIAN AVE.
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent
81 Name **V.R.G. OWNERS LEAGUE, INC.**
82 Street Address (P.O. Box Number is Not Acceptable) **2505 NE J COURT**
83 **BOYNTON BEACH**
84 City **FL** 85 Zip Code **33435**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **1/31/95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEMKOWITZ, SYLVIA
STREET ADDRESS	2600 NE 1ST LN
CITY - ST - ZIP	BOYNTON BCH FL
TITLE	V
NAME	ROTH, CONNIE
STREET ADDRESS	2600 NE 1ST LANE
CITY - ST - ZIP	BOYNTON BCH FL
TITLE	VP
NAME	DRETEL, MARTIN
STREET ADDRESS	2600 NE 1ST LN.
CITY - ST - ZIP	BOYNTON BCH FL
TITLE	S
NAME	ESCOBEDO, ELAINE
STREET ADDRESS	2600 NE 1ST LN
CITY - ST - ZIP	BOYNTON BCH FL
TITLE	D
NAME	PACIFICO, JOSEPH
STREET ADDRESS	2600 NE 1ST LN
CITY - ST - ZIP	BOYNTON BCH FL
TITLE	D
NAME	ZOLTAN, BETTY
STREET ADDRESS	2600 NW 1ST LN
CITY - ST - ZIP	BOYNTON BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ELAINE ESCOBEDO
1.3 STREET ADDRESS	2600 N.E. 1ST LN.
1.4 CITY - ST - ZIP	BOYNTON BCH. FL. 33435
2.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CONNIE ROTH
2.3 STREET ADDRESS	2600 N.E. 1ST LN.
2.4 CITY - ST - ZIP	BOYNTON BCH. FL. 33435
3.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	REGINA KAPLAN
3.3 STREET ADDRESS	2600 N.E. 1ST LN.
3.4 CITY - ST - ZIP	BOYNTON BCH. FL. 33435
4.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	EVELYN SKOLNIK
4.3 STREET ADDRESS	260 N.E. 1ST LN.
4.4 CITY - ST - ZIP	BOYNTON BCH. FL. 33435
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **1-31-95 407-738-9516**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ELAINE ESCOBEDO