

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business Mailing Address  
C. 2600 N.E. FIRST LANE BOYNTON BEACH FL 33435  
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3. Date Incorporated or Qualified: 02/29/1972  
3a. Date of Last Report: 03/06/1995  
4. FEI Number: 59-1546353  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
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 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
VRG OWNERS LEAGUE INC  
2505 NE 2 COURT  
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	KAPLAN, REGINA	
STREET ADDRESS	2600 NE 1ST LN	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ROTH, CONNIE	
STREET ADDRESS	2600 NE 1ST LANE	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SKOLNIK, EVELYN	
STREET ADDRESS	2600 NE 1ST LN.	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ESCOBEDO, ELAINE	
STREET ADDRESS	2600 NE 1ST LN	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PACIFICO, JOSEPH	
STREET ADDRESS	2600 NE 1ST LN	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CHILL, MURIEL
2.3 STREET ADDRESS	2600 N.E. 1ST LANE
2.4 CITY-ST-ZIP	BOYNTON BEACH FL.
3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KATZ, ARLENE
3.3 STREET ADDRESS	2600 N.E. 1ST LANE
3.4 CITY-ST-ZIP	BOYNTON BEACH, FL.
4.1 TITLE	P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ROTH, CONNIE
5.3 STREET ADDRESS	2600 N.E. 1ST LANE
5.4 CITY-ST-ZIP	BOYNTON BEACH, FL.
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	WENDORFF, MURRAY
6.3 STREET ADDRESS	2600 N.E. 1ST LANE
6.4 CITY-ST-ZIP	BOYNTON, BEACH FL.

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elaine Escobedo* 2-4-96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ELAINE ESCOBEDO Date: 2-4-96 Daytime Phone #: 407-7389516

CR2E037 (12/95)