


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Jul 16 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 722793 (7)**

1. Corporation Name  
**VILLAGE ROYALE EMERALD GREEN ASSOCIATION, INC.**



Principal Place of Business C. 2600 N.E. FIRST LANE BOYNTON BEACH FL 33435	Mailing Address C. 2600 N.E. FIRST LANE BOYNTON BEACH FL 33435
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3. Date Incorporated or Qualified <b>02/29/1972</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number <b>59-1546353</b>		

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	22. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	DPT	<input checked="" type="checkbox"/> DELETE
NAME	WENDORF, MURRAY	
STREET ADDRESS	2600 NE 1ST LN	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	CHILL, MURIEL	
STREET ADDRESS	2600 NE 1ST LANE	
CITY-ST-ZIP	BOYNTON BCH FL 33435	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	KATZ, ARLENE	
STREET ADDRESS	2600 NE 1ST LN.	
CITY-ST-ZIP	BOYNTON BCH FL 33435	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	ROTH, CONNIE	
STREET ADDRESS	2600 NE 1ST LANE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ZOLTAN, BETTY	
STREET ADDRESS	2600 NW 1ST LN	
CITY-ST-ZIP	BOYNTON BCH FL 33435	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STEPNER, ALLEN B	
1.3 STREET ADDRESS	2600 NE 1ST LN	
1.4 CITY-ST-ZIP	BOYNTON BEACH FL 33435	
2.1 TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ESCOBEDO, ELAINE	
2.3 STREET ADDRESS	2600 NE 1ST LN	
2.4 CITY-ST-ZIP	BOYNTON BEACH FL 33435	
3.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ESCOBEDO, ELAINE	
3.3 STREET ADDRESS	2600 NE 1ST LN	
3.4 CITY-ST-ZIP	BOYNTON BEACH FL 33435	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: ALLEN B. STEPNER PRESIDENT  
 JULY 6, 1998 1-561-734-6634  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (5/98)