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**Mar 02, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 722793

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

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



21	2. Principal Place of Business	26	2a. Mailing Address	3.	Data Incorporated or Qualified
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4.	FEI Number
23	City & State	28	City & State	5.	Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	29	Zip	6.	Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	30	Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
VRG OWNERS LEAGUE INC 2505 NE 2 COURT BOYNTON BEACH FL 33435		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPNER, ALLEN B	1.2 NAME	
STREET ADDRESS	2600 N E 1ST LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	1.4 CITY-ST-ZIP	
TITLE	DVS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESCOBEDO, ELAINE	2.2 NAME	
STREET ADDRESS	2600 NE 1ST LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL 33435	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESCOBEDO, ELAINE	3.2 NAME	
STREET ADDRESS	2600 NE 1ST LN.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL 33435	3.4 CITY-ST-ZIP	
TITLE	DP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, CONNIE	4.2 NAME	
STREET ADDRESS	2600 NE 1ST LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	4.4 CITY-ST-ZIP	
TITLE	DV	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOLTAN, BETTY	5.2 NAME	
STREET ADDRESS	2600 NW 1ST LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL 33435	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	DP ROBERT DOLITTLE
STREET ADDRESS		6.3 STREET ADDRESS	2600 NW 1 LN
CITY-ST-ZIP		6.4 CITY-ST-ZIP	BOYNTON BEACH FL 33435

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: ALLEN B. STEPNER DATE: 1/18/99 DAYTIME PHONE: 1-561-734-6634

CR2E037 (11/98)