

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90029 023 ****61.25

DOCUMENT # 722793

1. Entity Name

VILLAGE ROYALE EMERALD GREEN ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C.
**2600 N.E. FIRST LANE
 BOYNTON BEACH FL 33435**

C.
**2600 N.E. FIRST LANE
 BOYNTON BEACH FL 33435-1955**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1546353

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VRG OWNERS LEAGUE INC
 2505 NE 2 COURT
 BOYNTON BEACH FL 33435**

Name

ALLEN STEPNER

Street Address (P.O. Box Number is Not Acceptable)

2600 NE 1ST LANE

City

BOYNTON BEACH

FL

Zip Code

33435

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPNER, ALLEN B	NAME	
STREET ADDRESS	2600 N E 1ST LN	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	CITY-ST-ZIP	
TITLE	DVS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESCOBEDO, ELAINE	NAME	
STREET ADDRESS	2600 NE 1ST LANE	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL 33435	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESCOBEDO, ELAINE	NAME	
STREET ADDRESS	2600 NE 1ST LN.	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL 33435	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, CONNIE	NAME	
STREET ADDRESS	2600 NE 1ST LANE	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOLTAN, BETTY	NAME	
STREET ADDRESS	2600 NW 1ST LN	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL 33435	CITY-ST-ZIP	
TITLE	Dc <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLITTLE, ROBERT	NAME	
STREET ADDRESS	2600 N.W. 1 LANE	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	CITY-ST-ZIP	

12. 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 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: Allen B. Stepner **ALLEN B. STEPNER** Date: 04/10/2000 Daytime Phone #: 734 6634

CR2E037 (9/99)