


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

|   |   |   |
|---|---|---|
| <b>DOCUMENT # 722793</b><br>1. Entity Name<br><b>VILLAGE ROYALE EMERALD GREEN ASSOCIATION, INC.</b> |   |  |
| Principal Place of Business<br>C.<br>2600 N.E. FIRST LANE <i>ROOM 300</i><br>BOYNTON BEACH FL 33435 | Mailing Address<br>C.<br>2600 N.E. FIRST LANE <i>ROOM 300</i><br>BOYNTON BEACH FL 33435 |   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   | 3. Mailing Address<br>Suite, Apt. #, etc.   |   |
| City & State  | City & State  |   |
| Zip   | Country   | Zip   |

FILED  
 04 JUL 21 PM 3: 42  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



MOORE CR2E037 (4/04)

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|---|--|--|--|--|--|
| 4. FEI Number <b>59-1546353</b>   |  |  |  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |  |  | 6. Name and Address of Current Registered Agent<br><b>STEPNER, ALLEN</b><br><b>2600 NE 1ST LANE</b><br><b>BOYNTON BEACH FL 33435</b>   |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |  |  |  | 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. I am familiar with, and accept the obligations of registered agent. <i>ALLEN B STEPNER</i><br>SIGNATURE <i>Allen B. Stepner</i> (NOTE: Registered Agent signature required when reinstating)<br>DATE <i>07/01/2004</i> |  |

|  |   |  |
|--|---|--|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By September 8, 2004</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Florida Department of State</b> |
|--|---|--|

| 10. OFFICERS AND DIRECTORS |                        |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                |  |
|----------------------------|------------------------|--|---|--------------------------------|--|
| TITLE                      | DP                     | <input type="checkbox"/> Delete            | TITLE   | 100039377850 Change            | <input type="checkbox"/> Addition  |
| NAME                       | STEPNER, ALLEN B       |  | NAME  | 07/21/04--01030--003 **\$61.25 |  |
| 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   | <i>DVS STEPNER ALLEN B</i>     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | STEDNER, ALLEN B       |  | NAME  |                                |  |
| STREET ADDRESS             | 2600 NE 1ST LANE       |  | STREET ADDRESS  |                                |  |
| CITY-ST-ZIP                | BOYNTON BEACH FL 33435 |  | CITY-ST-ZIP   |                                |  |
| TITLE                      | DT                     | <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                      | 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 checked="" 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                      | DI                     | <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* DP ALLENBSTEPNER 07/01/04 561 7346634  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #