2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 29, 2006 8:00 am Secretary of State 08-29-2006 90003 011 ****61.25

1. Entity Name VILLAGE ROYALE EMERALD GREEN ASSOCIATION, INC.											
2600 N.E. FIRST LANE 260 ROOM 300 RO				Mailing Address 2600 N.E. FIRST LANE ROOM 300 BOYNTON BEACH, FL 33435					 		T#181
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				08082006	Chg-NP	CR2E	037 (4/06)	
City & State			City & State				4. FEI Numbe 59-1546				pplied For ot Applicable
Zip	Zip Country		Zip	Zip C		untry	5. Certificate of Status Desired \$8.75 Additional Fee Required				ditional ed
6. Name and Address of Current Registered Agent							7. Name and	Address of New R	egistered.	Agent	
CTEONED ALLEN					Name						
STEPNER, ALLEN				Street Address			ID O Boy Numbe	r is Not Acceptable			
2600 NE 1ST LANE :					Sileet Address ((F.O. BOX NUMBE	i is Noi Acceptable	"			
BOYNTON BEACH, FL 33435											
						City				7'- 0	
				City					FL	Zip Cod	se .
8. The above	named entity	submits this statement for	or the purpos	e of changing its	register	ed office or register	red agent, or both	h, in the State of Flo	rida. I am	familiar with,	and accept
the obligat	tions of register	ed agent.					•				,
		Mil.									
SIGNATURE											
	Signature, typed or	printed name of registered agent	t and title il applic	able. (NOTE	E: Registere	d Agent signature requires	d when reinstating)		DATE		_
Filing Fee'ls \$61.25 9. Election Campai Due by September 6, 2006 Trust Fund Contr											
ď	_						\$5.00 May Be	• 1 5 5 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1		k payable t tment of S	
	_	ember 6, 2006	RECTORS		Contribut	ion.	Added to Fees	Flor	ake checi ida Depar	k payable t tment of S	tate
10.	_		RECTORS	Trust Fund C	Contribut	ion.	Added to Fees	• 1 5 5 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1	ake checi ida Depar	k payable t tment of S RECTORS IN	tate
	DP Sept	OFFICERS AND DI	RECTORS		11.	ion.	Added to Fees	Flor	ake checi ida Depar	k payable t tment of S	tate
10.	DP STEPNER,	OFFICERS AND DI	RECTORS	Trust Fund C	11. TITL	E E	Added to Fees	Flor	ake checi ida Depar	k payable t tment of S RECTORS IN	tate
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEROR DIRECTOR

Description: