


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90003 011 ****61.25

DOCUMENT # 722793			
1. Entity Name VILLAGE ROYALE EMERALD GREEN ASSOCIATION, INC.			
Principal Place of Business 2600 N.E. FIRST LANE ROOM 300 BOYNTON BEACH, FL 33435		Mailing Address 2600 N.E. FIRST LANE ROOM 300 BOYNTON BEACH, FL 33435	
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 <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STEPNER, ALLEN 2600 NE 1ST LANE BOYNTON BEACH, FL 33435		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____			
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
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	STEPNER, 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	D <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLITTLE, ROBERT	NAME	WALSH JOHN
STREET ADDRESS	2600 N.W. 1 LANE	STREET ADDRESS	2600 N.E. 1ST LANE
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	CITY-ST-ZIP	BOYNTON BEACH FL 33435
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing 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: <i>Allen B. Stepner</i>		Date: <i>08/29/06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <i>1-561 734 6634</i>	