


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90086 009 ****61.25

DOCUMENT # 724552 1. Entity Name VILLAGE ROYALE GREENVIEW ASSOCIATION, INC.					
Principal Place of Business 2520 NE 1ST CT 107 BOYNTON BEACH, FL 33435 US			Mailing Address 2520 NE 1ST CT 107 BOYNTON BEACH, FL 33435 US		
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 59-1537159			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		
GROSSMAN, JACK 2520 NE 1ST COURT 313 BOYNTON BEACH, FL 33425			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GROSSMAN, JACK		NAME		
STREET ADDRESS	2520 NE 1ST CT 313		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ADAMS, MARLENE		NAME		
STREET ADDRESS	2520 NE 1ST CT APT A13		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GROSSMAN, SANDY		NAME		
STREET ADDRESS	2540 NA 145 CT		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALTER, MARTIN		NAME		
STREET ADDRESS	2520 NE 1ST CT		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ORNER, KEN		NAME		
STREET ADDRESS	2520 NE 1ST CT APT 202		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERNER, ELAINE		NAME		
STREET ADDRESS	2520 NE 1ST CT APT 208		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 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.					
SIGNATURES <i>Sandra Grossman</i> <i>Messner</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	