

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725228

FILED  
Feb 23, 2009  
Secretary of State

Entity Name: VILLAGE ROYALE GREENWOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

2615 N E 3RD COURT  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

2615 N E 3RD COURT  
BOYNTON BEACH, FL 33435

**New Mailing Address:**

FEI Number: 59-1537165

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VITALE, STAN  
2615 NE 3RD ST  
BOYNTON BCH, FL 33435 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: VITALE, STAN  
Address: 2615 NE 3RD CT  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: S ( ) Delete  
Name: KARAS, STEPHEN  
Address: 2615 NE 3RD CT  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VP ( ) Delete  
Name: KLOUDA, GEORGE  
Address: 2615 NE 3RD CT  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: T ( ) Delete  
Name: MICHAELS, TERRY  
Address: 2615 NE 3RD CT  
City-St-Zip: BOYNTON BEACH, FL 33435

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STAN VITALE

P

02/23/2009

Electronic Signature of Signing Officer or Director

Date