


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90478 040 ****61.25

DOCUMENT # N01000000774 1. Entity Name ROYAL ESTATES AT MADISON GREEN ASSOCIATION, INC.					
Principal Place of Business C/O PHEONIX MGMT. 3082 JOG ROAD LAKE WORTH, FL 33467			Mailing Address C/O PHEONIX MGMT. 3082 JOG ROAD LAKE WORTH, FL 33467		
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 02-0584737				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		
ROSENTHAL, DAVID C/O PHOENIX MGT 3082 JOG RD LAKE WORTH, FL 33467			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <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 PD	<input checked="" type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME NOGEL, LARRY			NAME McManaman, Maxine		
STREET ADDRESS 2066 WEST FONTANA CT.			STREET ADDRESS 2911 Fontana Lane		
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411			CITY-ST-ZIP Royal Palm Beach, FL 33411		
TITLE VD	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME WALLACH, NEIL			NAME 		
STREET ADDRESS 2933 EAST FONTANA CT.			STREET ADDRESS 		
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411			CITY-ST-ZIP 		
TITLE STD	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME NAYAR, SUNNY			NAME 		
STREET ADDRESS 2955 FONTANA PLACE			STREET ADDRESS 		
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411			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 		
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: <u>Neil Wallach Pres</u> <u>NEW WALLACH</u> <u>4/24/06</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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