

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722542

Entity Name: VILLAGE ROYALE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**3447 HIGH RIDGE RD
BOYNTON, FL 33426**Current Mailing Address:**CAROLINA MANAGEMENT SERVICES INC.
PO BOX 740425
BOYNTON BEACH, FL 33474 US**FEI Number:** 59-1410631**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KONYK & LEMME PLLC
777 S FLAGLER DR
STE 800 W TOWER
WEST PALM BEACH, FL 33401 US*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:** CHELLE KONYK

04/28/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name PAUL, DONOVAN
Address PO BOX 740425
City-State-Zip: BOYNTON BEACH FL 33474

Title DIRECTOR
Name SASSO, ROBERT
Address PO BOX 740425
City-State-Zip: BOYNTON BEACH FL 33474

Title DIRECTOR
Name ANASTASI, JOSEPH
Address PO BOX 740425
City-State-Zip: BOYNTON BEACH FL 33474

Title PRESIDENT
Name DWYER, PATRICIA
Address PO BOX 740425
City-State-Zip: BOYNTON BEACH FL 33474

Title DIRECTOR
Name O'BRIEN, RICHARD
Address PO BOX 740425
City-State-Zip: BOYNTON BEACH FL 33474

Title DIRECTOR
Name DIDIO, JOSEPH
Address PO BOX 740425
City-State-Zip: BOYNTON BEACH FL 33474

Title DIRECTOR
Name DUNHAM, MARK
Address PO BOX 740425
City-State-Zip: BOYNTON BEACH FL 33474

Title TREASURER
Name DEARY, PETER
Address PO BOX 740425
City-State-Zip: BOYNTON BEACH FL 33474

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I hereby 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 all other like empowered.

SIGNATURE: PATRICIA DWYER

PRESIDENT

04/28/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	CARIDEO, JOHN
Address	PO BOX 740425
City-State-Zip:	BOYNTON BEACH FL 33474