


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90111 033 \*\*\*\*70.00

**DOCUMENT # 729879**  
 1. Entity Name  
**EARMAN VILLAS ASSOCIATION, INC.**



Principal Place of Business  
**809 HUMMINGBORD WAY #1C.  
 NORTH PALM BEACH, FL 33408**

Mailing Address  
**185 E INDIANTOWN RD #127  
 JUPITER, FL 33477**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State


City & State

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

**PAPAGEORGE, TERRI  
 C/O ACCOUNTING DEPT., INC.  
 185 EAST INDIANTOWN RD., STE. 127  
 JUPITER, FL 33477**



01102005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-1650090**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution:  **\$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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORGE, DONALD	NAME	
STREET ADDRESS	510 PROSPERITY FINS RD #1B	STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	CITY-ST-ZIP	
TITLE	<del>DD</del> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, ARTHUR	NAME	
STREET ADDRESS	809 HUMMINGBIRD WAY @1C	STREET ADDRESS	
CITY-ST-ZIP	N PALM BEACH, FL 33408	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLANKI, KELLY	NAME	
STREET ADDRESS	805 HUNNINGHIRD WAY @8D	STREET ADDRESS	
CITY-ST-ZIP	N. PALM BEACH, FL 33408	CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>PADOWITZ ADAM</del>	NAME	
STREET ADDRESS	<del>140 SHERWOOD CIRCLE</del>	STREET ADDRESS	
CITY-ST-ZIP	<del>JUPITER, FL 33458</del>	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL CREEGAN	NAME	
STREET ADDRESS	510 PROSPERITY FINS RD	STREET ADDRESS	
CITY-ST-ZIP	NPB FL 33408	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN SMITH	NAME	
STREET ADDRESS	809 HUMMINGBIRD WAY	STREET ADDRESS	
CITY-ST-ZIP	NPB FL 33408	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Arthur Morris **Arthur MORRIS** 04/05/05 888-2498  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #