

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -1 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N00511 (8)**

1. Corporation Name
THE ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
**11911 US HWY ONE, SUITE 308
NORTH PALM BEACH FL 33431**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/21/1983** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2376493** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **22151 Shorewind Dr.** 26 **22151 Shorewind Dr**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
Boca Raton, FL **Boca Raton, FL**
23 Zip Country 28 Zip Country
33428 USA **33428 USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**COOK, STEPHEN D, JH PROPERTY MGMT, INC
11911 US HWY ONE, STE 308
NORTH PALM BEACH FL 33431**

10. Name and Address of New Registered Agent
81 Name **Paul Valyo**
82 Street Address (P.O. Box Number is Not Acceptable) **22151 Shorewind Drive**
83 City **Boca Raton** FL 85 Zip Code **33428**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Paul Valyo* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOREEN G. WILSON	1.2 NAME	
STREET ADDRESS	1920 PALM BCH LAKES BLVD #202	1.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARCLAY, DAVID	2.2 NAME	
STREET ADDRESS	1920 PALM BCH LAKES BLVD #202	2.3 STREET ADDRESS	2541 Metrocentre Blvd, Suite 1
CITY - ST - ZIP	WEST PALM BCH FL	2.4 CITY - ST - ZIP	West Palm Beach, FL 33407
TITLE	DST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONDA, PATRICIA	3.2 NAME	
STREET ADDRESS	1920 PALM BCH LAKES BLVD. #202	3.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BCH FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David Barclay* DATE **2/2/95** 407-471-4147
Signature and typed or printed name of filing officer or director