

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

Feb 13 1996 8:00 am

Secretary of State

DOCUMENT # N00511 (8)

1. Corporation Name

THE ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

22151 SHOREWIND DRIVE
BOCA RATON FL 33428
US

Mailing Address

22151 SHOREWIND DRIVE
BOCA RATON FL 33428
US

3. Date Incorporated or Qualified
12/21/1983

3a. Date of Last Report
03/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2376493

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

✓ VALYO, PAUL
22151 SHOREWIND DRIVE
BOCA RATON FL 33428

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE

NAME NOREEN G. WILSON
STREET ADDRESS 1920 PALM BCH LAKES BLVD #202
CITY-ST-ZIP WEST PALM BEACH FL

TITLE VD ☐ DELETE

NAME BARCLAY, DAVID
STREET ADDRESS 2541 METROCENTRE BLVD, SUITE 1
CITY-ST-ZIP WEST PALM BCH FL

TITLE DST ☒ DELETE

NAME GONDA, PATRICIA
STREET ADDRESS 1920 PALM BCH LAKES BLVD. #202
CITY-ST-ZIP WEST PALM BCH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE VPD ☐ Change ☒ Addition

12 NAME Darnette Gammon
13 STREET ADDRESS 1555 Palm Bch Lakes Blvd, Ste 100
14 CITY-ST-ZIP West Palm Beach, FL 33410

21 TITLE PD ☒ Change ☐ Addition

22 NAME David Barclay
23 STREET ADDRESS 2541 Metrocentre Blvd, Ste 1
24 CITY-ST-ZIP West Palm Beach, FL 33407

31 TITLE STD ☐ Change ☒ Addition

32 NAME August Cassella
33 STREET ADDRESS 8611 Gallane Court
34 CITY-ST-ZIP West Palm Beach, FL 33412

41 TITLE D ☐ Change ☒ Addition

42 NAME Robert Rickel
43 STREET ADDRESS 5701 N Pine Island Road, Ste 390
44 CITY-ST-ZIP Tamarae, FL 33521

51 TITLE D ☐ Change ☒ Addition

52 NAME Robert Wolfe
53 STREET ADDRESS 123 NW 13th Street, Ste 300
54 CITY-ST-ZIP Boca Raton, FL 33432

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-96

Date

407-451-3899

Daytime Phone #

CR2E037 (12/95)