

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
2a. Mailing Address: 26

4. FEI Number: 59-2376493
Applied For: Not Applicable

Suite, Apt. #, etc.: 22

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

City & State: 23

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip: 24, Country: 25, Zip: 29, Country: 30

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	NOREEN G. WILSON	
STREET ADDRESS	1920 PALM BCH LAKES BLVD #202	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BARCLAY, DAVID	
STREET ADDRESS	2541 METROCENTRE BLVD, SUITE 1	
CITY - ST - ZIP	WEST PALM BCH FL	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	GONDA, PATRICIA	
STREET ADDRESS	1920 PALM BCH LAKES BLVD. #202	
CITY - ST - ZIP	WEST PALM BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Nannette Grammon	
13 STREET ADDRESS	1555 Palm Bch Lakes Blvd, Ste 100	
14 CITY - ST - ZIP	West Palm Beach, FL 33410	
21 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	David Barclay	
23 STREET ADDRESS	2541 Metrocentre Blvd, Ste 1	
24 CITY - ST - ZIP	West Palm Beach, FL 33407	
31 TITLE	SSTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	August Cassella	
33 STREET ADDRESS	8611 Gallane Court	
34 CITY - ST - ZIP	West Palm Beach, FL 33412	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Robert Wolfe	
53 STREET ADDRESS	123 NW 13th Street, Ste 300	
54 CITY - ST - ZIP	Boca Raton, FL 33432	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-96
407-451-3899
Date Daytime Phone #

CR2E037 (12/95)