


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90035 021 \*\*\*\*61.25

**DOCUMENT # N01000007677**

1. Entity Name  
**ARTESA HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

**314 NE 3RD STREET  
BOYNTON BEACH FL 33435**      **314 NE 3RD STREET  
516  
BOYNTON BEACH FL 33435**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E037 (10/07)

4. FEI Number      Applied For

**02-0597318**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ST JOHN, GORE & LEMME, PA  
1001 FORUN PLACE  
SUITE 701  
WEST PALM BEACH FL 33401**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

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**

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, JEFF	
STREET ADDRESS	4097 ARTESA DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	P	<input type="checkbox"/> Delete
NAME	ORME, VERN	
STREET ADDRESS	4067 ARTESA DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	LUKASIC, TOM	
STREET ADDRESS	4067 ARTESA DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POENC, BARBARA	
STREET ADDRESS	4079 ARTESA DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerry A. Ciambone	
STREET ADDRESS	4133 Artesa Drive	
CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Paulino	
STREET ADDRESS	4036 Artesa Drive	
CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tiffany Kole	
STREET ADDRESS	4114 Artesa Dr.	
CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John m. wille	
STREET ADDRESS	4136 Artesa Dr.	
CITY-ST-ZIP	Boynton Beach FL 33436	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 life empowered.

**SIGNATURE:** *Mark Paulino*      3/5/08