2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jun 20, 2006 8:00 am Secretary of State

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DOCUMENT # N02000008158 06-20-2006 90013 020 ****61.25 THE PASEOS PROPERTY OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 107 VIA CASTILLA 245 RIVERSIDE AVENUE SUITE 500 ATTN LEGAL DEPT JUPITER, FL 33458 JACKSONVILLE, FL 32202 2. Principal Place of Business 30 Commerce Mam + Commune LAN 06152006 Chg-NP CR2E037 (4/06) wite City & State 4. FEI Number 90-0111455 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARX. CHRISTINE 245 RIVERSIDE AVE. STE 500 Street Add JACKSONVILLE, FL 32202 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 agers SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 6, 2006 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE DΡ Delete TITLE PASKOW, ROY G NAME NAME STREET ADDRESS 2900 GLADES CIRCLE SUITE 100 STREET ADDRESS CITY-ST-ZIP WESTON, FL 33327 CITY-ST-ZIP DVP Delete TITLE TITLE FRANKLIN, DAVID K NAME NAME 107 VIA CASTILLA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP DST THUE ☐ Delete TITLE NAME HOBSON, RICHARD NAME STREET ADDRESS 107 VIA CASTILLA STREET ADDRESS JUPITER, FL 33458 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition LEMKE-FASULO, ROBIN NAME NAME STREET ADDRESS 136 VIA CASTILLA STREET ADDRESS JUPITER, FL 33458 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition FRANCIOSI, ALAN NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS 175 VIA ROSINA

JUPITER, FL 33458

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

6-17-2906 Day

□ Change

Addition