


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000001770**

1. Entity Name  
**OLD PALM GROVE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business 398 NE 6TH AVE DELRAY BCH, FL 33483	Mailing Address 398 NE 6TH AVE DELRAY BCH, FL 33483
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**DO NOT WRITE IN THIS SPACE**



04062005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>34-1977708</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BRETAN, NEIL**  
**2096 CHAGALL CIRCLE**  
**WEST PALM BEACH, FL 33409**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file # applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, TIMOTHY L 398 NE 6TH AVE DELRAY BCH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RICKARD, KEVIN 398 NE 6TH AVE DELRAY BCH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ORTNER, GABRIELLE 398 NE 6TH AVE DELRAY BCH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

UD0000301437  
 04/14/05-30043-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: Gabrielle Ortner Secretary/Treasurer 4/7/05 561-241-0285  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #