

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90044 048 ****61.25

| | | | |
|--|---|--|--|
| DOCUMENT # N03000001770 1. Entity Name OLD PALM GROVE HOMEOWNERS' ASSOCIATION, INC. | | | |
| Principal Place of Business 2295 NW CORPORATE BLVD BOCA RATON, FL 33431 | | Mailing Address 2295 NW CORPORATE BLVD. BOCA RATON, FL 33431 | |
| 2. Principal Place of Business - No P.O. Box # 775 Estuary Way | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State Delray Beach FL | | City & State Suite, Apt. #, etc. | |
| Zip 33483 | | Country Palm Beach | |
| 4. FEI Number 34-1977708 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HAAG MANAGEMENT & REALTY 2295 NW CORPORATE BLVD. BOCA RATON, FL 33431 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD GUTMANN, WENDY 833 EASTVIEW AVENUE DELRAY BCH, FL 33483 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD AARON, NEWMAN 829 EASTVIEW AVENUE DELRAY BCH, FL 33483 | <input checked="" type="checkbox"/> Delete | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD JARJURA, CHRISTINE 1604 OLD PALM LANE DELRAY BCH, FL 33483 | <input checked="" type="checkbox"/> Delete | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVP Jason Arena 837 Eastview Ave Delray Beach, FL 33483 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | John Kavazanjian (DS) 1626 Estuary Way Delray Beach, FL 33483 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | (Empty) | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | (Empty) | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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. | | | |
| SIGNATURE: <i>Wendy Gutmann-Keppler</i> 1/14/08 561-266-0307 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |

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