

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010006

FILED
May 02, 2007
Secretary of State

Entity Name: VILLAGE CENTER AT ROYAL PALM BEACH PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

ONE CLEARLAKE CENTRE
250 S AUSTRALIAN AVE STE 1100
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

ONE CLEARLAKE CENTRE
250 S AUSTRALIAN AVE STE 1100
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 20-8949603 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GOTTLIEB, GARY A
ONE CLEARLAKE CENTRE
250 S AUSTRALIAN AVE STE 1100
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GOTTLIEB, GARY A
Address: 250 S AUSTRALIAN AVE STE 100
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DV () Delete
Name: WALTERS, MICHAEL J
Address: 250 S AUSTRALIAN AVE STE 100
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DST () Delete
Name: FISHER, STEPHEN E
Address: 250 S AUSTRALIAN AVE STE 100
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY A GOTTLIEB

DP

05/02/2007

Electronic Signature of Signing Officer or Director

Date