


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90279 001 \*\*\*122.50

**DOCUMENT # N26437**  
 1. Entity Name  
**VILLA POINTE RECREATION AREA ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**BUDGET PROP. MGMT. SRVC. INC.** **6620 LAKE WORTH RD**  
**3141 S. MILITARY TRAIL** **E**  
**LAKE WORTH FL 33463** **LAKE WORTH FL 33467**  
**US** **US**

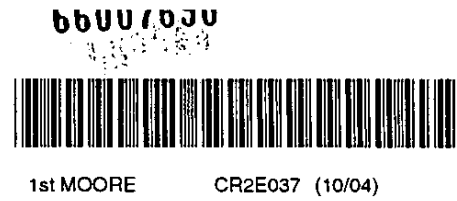
2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0136100** Applied For  
 Not Applicable

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



6. Name and Address of Current Registered Agent  
**ST. JOHN, CORE, FIORE, LEMME, P.A.**  
**500 AUSTRALIAN AVE. SOUTH**  
**SUITE 600**  
**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, 2005**

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	SDT	<input type="checkbox"/> Delete
NAME	ELSBERRY, JAMES	
STREET ADDRESS	1985 MONKS CT.	
CITY-ST-ZIP	W PALM BCH FL 33415	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	OSCAR, CORIA	
STREET ADDRESS	1991 MONKS ST	
CITY-ST-ZIP	W PALM BCH FL 33415	
TITLE	P	<input type="checkbox"/> Delete
NAME	OLES, CATHY A	
STREET ADDRESS	1951 MONKS COURT	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donna Goodman	
STREET ADDRESS	1989 Monks Ct.	
CITY-ST-ZIP	West Palm Beach, FL 33415	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph Bemkowski	
STREET ADDRESS	1987 Monks Ct.	
CITY-ST-ZIP	West Palm Beach, FL 33415	
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		
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 exemption stated in Section 119.07(3)(i), 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:  3/27/05  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #