


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 # N26439 1. Entity Name VILLA POINTE HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business BUDGET PROPERTY MANAGEMENT SERVICES 3141 SO MILITARY TRAIL LAKE WORTH FL 33463 US	Mailing Address 6620-E LAKE WORTH ROAD LAKE WORTH FL 33467 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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1st MOORE CR2E037 (10/04)

4. FEI Number 65-0120256		<input type="checkbox"/> 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 ST. JOHN, COVE, FIORE, LEMME, P.A. 500 AUSTRALIAN AVE SOUTH #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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	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
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10. OFFICERS AND DIRECTORS	
TITLE	VPD <input type="checkbox"/> Delete
NAME	CORIA, OSCAR
STREET ADDRESS	1991 MONKS COURT
CITY-ST-ZIP	WEST PALM BEACH FL 33415
TITLE	SBF President <input type="checkbox"/> Delete
NAME	ELSBERRY, JAMES
STREET ADDRESS	1985 MONKS COURT
CITY-ST-ZIP	WEST PALM BEACH FL 33415
TITLE	P Director <input type="checkbox"/> Delete
NAME	OLES, CATHY ANN
STREET ADDRESS	1951 MONKS CT
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	Joseph Dembrowski - Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
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:  3/7/05 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #