


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 08:00 AM
Secretary of State

DOCUMENT # N26439					
1. Entity Name VILLA POINTE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business DAVENPORT PROFESSIONAL PROP MGMT INC. 6620 LAKE WORTH ROAD, STE E LAKE WORTH, FL 33467 US			Mailing Address 6620 LAKE WORTH ROAD STE E LAKE WORTH, FL 33467 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DICKER, KRIVOK & STOLOFF PA 1818 AUSTRALIAN AVE SOUTH #400 WEST PALM BEACH, FL 33401			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, 2007		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PATTERSON, BRENDA	NAME	000000680701		
STREET ADDRESS	1921 MONKS COURT	STREET ADDRESS	04/04/07-80009-009 122.50		
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	CITY-ST-ZIP			
TITLE	PT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ELSBERRY, JAMES	NAME			
STREET ADDRESS	1985 MONKS COURT	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OLES, CATHY ANN	NAME			
STREET ADDRESS	1951 MONKS CT	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOODMAN, DONNA	NAME			
STREET ADDRESS	1939 MONKS CT	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		JAMES D. ELSEBERRY		3/19/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small> 561-233-0180x109	



01092007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0120256 Applied For Not Applicable

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