


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-09-2006 90151 049 ****61.25

DOCUMENT # N40998					
1. Entity Name VILLA PLATI HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 314 NE 3RD ST BOYNTON BEACH, FL 33435 US		Mailing Address 314 NE 3RD ST BOYNTON BEACH, FL 33435 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 65-0500529	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ABRAMSON, LAWRENCE 1860 FOREST HILL BLVD WEST PALM BEACH, FL 33406			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	SNYDER, JOHN	NAME			
STREET ADDRESS	309 EVERGLADES AVE	STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH, FL 33480	CITY-ST-ZIP			
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LIPSON, JEFFREY	NAME			
STREET ADDRESS	300 ATLANTIC AVE	STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH, FL 33480	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ABRAMSON, RUTH	NAME			
STREET ADDRESS	305 EVERGLADES AVENUE	STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH, FL 33480	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOLLADAY, WALLACE JR.	NAME			
STREET ADDRESS	230 BRADLEY PLACE	STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH, FL 33480	CITY-ST-ZIP			
TITLE	PDT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FINGOLD, DAVID	NAME			
STREET ADDRESS	303 EVERGLADES AVE	STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH, FL 33480	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	DAVID ROSS		
STREET ADDRESS		STREET ADDRESS	303 ATLANTIC AVE		
CITY-ST-ZIP		CITY-ST-ZIP	PALM BEACH, FL 33480		
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: _____		George Renteria Myr 3/27/06 21-738006			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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