


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90022 031 ****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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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 _____ <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, 2008		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	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	VP	<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	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, DARREL			NAME	
STREET ADDRESS	308 ATLANTIC AVE			STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH, FL 33480			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: _____				Date _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone # _____</small>	



01172008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0500529

Applied For
Not Applicable

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

[Handwritten Signature] (811) 738000