

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40998

FILED
Apr 01, 2009
Secretary of State

Entity Name: VILLA PLATI HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

314 NE 3RD ST
BOYNTON BEACH, FL 33435 US

New Principal Place of Business:

Current Mailing Address:

314 NE 3RD ST
BOYNTON BEACH, FL 33435 US

New Mailing Address:

FEI Number: 65-0500529 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABRAMSON, LAWRENCE
1860 FOREST HILL BLVD
WEST PALM BEACH, FL 33406 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SNYDER, JOHN
Address: 309 EVERGLADES AVE
City-St-Zip: PALM BEACH, FL 33480

Title: SD () Delete
Name: ABRAMSON, RUTH
Address: 305 EVERGLADES AVENUE
City-St-Zip: PALM BEACH, FL 33480

Title: VP () Delete
Name: HOLLADAY, WALLACE JR.
Address: 230 BRADLEY PLACE
City-St-Zip: PALM BEACH, FL 33480

Title: PDT () Delete
Name: FINGOLD, DAVID
Address: 303 EVERGLADES AVE
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: ROSS, DARREL
Address: 308 ATLANTIC AVE
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPAS (X) Change () Addition
Name: SNYDER, JOHN
Address: 309 EVERGLADES AVE
City-St-Zip: PALM BEACH, FL 33480

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HOLLADAY, WALLACE JR.
Address: 230 BRADLEY PLACE
City-St-Zip: PALM BEACH, FL 33480

Title: P (X) Change () Addition
Name: FINGOLD, DAVID
Address: 303 EVERGLADES AVE
City-St-Zip: PALM BEACH, FL 33480

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERI MCKENZIE

BKPR

04/01/2009

Electronic Signature of Signing Officer or Director

_____ Date