## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2005 8:00 am Secretary of State

1. Entity Nam	пө	# N9500000 ATES HOMEOW		SSOCIATION	,				05-02-2005	90427 0	)11 ****61	.25
Principal Place of Business 202 PHIPPS ESTATES RD PALM BEACH, FL 33480  Address 223 SUNSET AVE STE 110 PALM BEACH, FL 33480												
2. Principal Place of Business			3. Maili	3. Mailing Address								
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				03152005	Chg-NP	CR2E	037 (10/03)	
City & State			City & State				4. FEI Numbe 65-0684			<u> </u>	pplied For ot Applicable	
Zip Country			Zip Co		intry		5. Certificate of Status Desired   \$8.75 Addition. Fee Required					
	6. Name	and Address of Curren	t Registere	d Agent		Name		7. Name and	Address of New	Registered	d Agent	
LIST, MAR 223 SUNS PALM BEA	ET AVE S						ddress (F	P.O. Box Numbe	er is Not Acceptab	ole)		
						City			···	F	Zip Cod	le
	named entity tions of regist	y submits this statement tered agent.	for the purpo	ose of changing its r	egistere	ed office o	r registere	ed agent, or bot	h, in the State of F	lorida. I an	n familiar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered age	nt and title if appl	icable. (NOTE:	Registere	d Agent signat	ure required	when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State					
	Due by 11	May 1, 2005		Trust Fund Co		ion.			- 1			
10.	Due by ii	May 1, 2005 OFFICERS AND D	IRECTORS	Trust Fund Co		ion.		Added to Fees	- 1	orida Depa	artment of S	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STEIN, M 227 VIA T	OFFICERS AND C	IRECTORS	Trust Fund Co	11. TITLE NAM STRE			Added to Fees	Flo	orida Depa	artment of S	tate
TITLE NAME STREET ADDRESS	DP STEIN, M 227 VIA T PALM BE VP SCHOTT, 226 VIA L	OFFICERS AND D ICHAEL ORTUGA ACH, FL 33480	IRECTORS		11. TITLE NAM STRE CITY TITLE NAM STRE	E Et address -st-zip		Added to Fees	Flo	orida Depa	DIRECTORS IN	tate
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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.