

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90005 001 ****61.25

DOCUMENT # N98000004853

1. Entity Name

PALMA VISTA AT PONTE VERDE HOMEOWNERS' ASSOCIATION, INC.



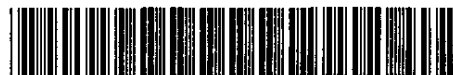
Principal Place of Business

Mailing Address

% PRIME MANAGEMENT GROUP, INC.
6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487-8290

% PRIME MANAGEMENT GROUP, INC.
6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487-8290

04004329



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Integrity Property Management, Inc.

Suite, Apt. #, etc.

PO Box 8726

City & State

Coral Springs, FL

Zip

33075-8726

Country

Zip

Country

4. FEI Number

65-0916964

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KODSI, DANIEL
1499 WEST PALMETTO PARK ROAD
SUITE 200
BOCA RATON FL 33486

Name

Integrity Property Management, Inc.

Street Address (P.O. Box Number is Not Acceptable)

953 N. University Drive

c/o Cynthia Whittle

City

Coral Springs

FL

Zip Code

33071

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

Cynthia Whittle

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/11/04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 PD
NAME KODSI, DANIEL ☒ Delete
STREET ADDRESS 1499 WEST PALMETTO PARK ROAD #200
CITY-ST-ZIP BOCA RATON FL 33486

TITLE P ☐ Change ☒ Addition
NAME *Georgette Elisha*
STREET ADDRESS *9850 PALMA VISTA WAY*
CITY-ST-ZIP *BOCA RATON, FL 33428*

TITLE D ☒ Delete
NAME KODSI, ISAAC
STREET ADDRESS 701 W CYPRESS CREEK ROAD #302
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE VP ☐ Change ☒ Addition
NAME *GARY STERN*
STREET ADDRESS *9808 PALMA VISTA WAY*
CITY-ST-ZIP *BOCA RATON FL 33428*

TITLE D ☒ Delete
NAME TEMKIN, DAVID
STREET ADDRESS 1499 W PALMETTO PARK ROAD #200
CITY-ST-ZIP BOCA RATON FL 33486

TITLE S ☐ Change ☒ Addition
NAME *RON LEWITTES*
STREET ADDRESS *9731 PALMA VISTA WAY*
CITY-ST-ZIP *BOCA RATON FL 33428*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Change ☒ Addition
NAME *Barry Cohen*
STREET ADDRESS *21194 LA VISTA CIRCLE*
CITY-ST-ZIP *BOCA RATON FL 33428*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME *JOSE DIAZ*
STREET ADDRESS *9832 PALMA VISTA WAY*
CITY-ST-ZIP *BOCA RATON FL 33428*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Georgette E. Elisha
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/04
Date

561-484-5748
Daytime Phone #