2004 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT (AR)** DOCLIMENT # N98000004853

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP TITLE

NAME



**FILED** May 14, 2004 8:00 am



1. Entity Name				<b>Secretary 01 State</b> 05-14-2004 90005 001 ****61.25				
PALMA VISTA AT PONTE VERDE HOMEOWNERS' ASSOCIATION, INC.		Į.		03	-14-2004 900	03 001	01.23	
Principal Place of Business	Mailing Address	<del></del>						
PRIME MANAGEMENT GROUP, INC.  00 PARK OF COMMERCE BLVD  CA RATON FL 33487-8290  White Management Group, INC.  6300 PARK OF COMMERCE BOCA RATON FL 33487-8290		COMMERCE BLV	P, INC. D	4 (881)   8		J 4	£004	329
Principal Place of Business     3. Mailing Address								
Tutegrity Property Management, I've Suite, Apt. #, etc.			3		III EBAN BEN BASS	i (818) #1188 [£]	EDY DE FROI	
Suite, Apt. #, etc.  OBAX 8726  Suite, Apt. #, etc.  SAME				N	MOORE (	CR2E037	(11/03)	
City & State City & State				4. FEI Number	CE 0046064	<del>-</del>	Apı	plied For
Coral Springs, FC	Ziro	Country		<u> </u>	65-0916964			Applicable
Zip Country 33075-8726	Zip	Countr	У	5. Certificate of S	Status Desired		<b>3.75</b> Addi e Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
Name T			Name IV	tegrity Property MANAXEMENT. FINE.				
KODSI, DANIEL 1499 WEST PALMETTO PARK ROAD			Street Address (	P.O. Box Number is		) 		,
SUITE 200			610 Cynthia Whittle					
BOCA RATON FL 33486			Coral Springs FL 33091					
8. The above named entity submits this state	ment for the purpose of chan	iging its registered						
the obligations of registered agent.			, and the second					
Conthia	W futtle					5/1/1	9	
SIGNATURE Signature typed or printed name of register	ed agent and little if applicable.	(NOTE: Registered Ac						
		(	gent signature required	t when reinstating)		DATE		
FILE NOW: FEE IS \$61.2 Due By May 1, 2004	5 9. Elec	tion Campaign Fina t Fund Contribution	ancing	\$5.00 May Be Added to Fees		e Check F a Departm		
Due By May 1, 2004  10. OFFICERS A	9. Elec Trus	tion Campaign Fina t Fund Contribution	ancing	\$5.00 May Be	Florida	e Check F a Departm	ent of S	10
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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

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

Delete