

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90025 046 ****61.25

DOCUMENT # 723447

1. Entity Name

PALM BEACH VILLAS CONDOMINIUM, INC.



Principal Place of Business

**4201 SOUTH OCEAN BLVD.
SOUTH PALM BEACH FL 33480**

Mailing Address

**C/O FLORIDA COMMUNITY MANAGEMENT SERV.
P.O. BOX 9139
CORAL SPRINGS FL 33075**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-1576194

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

**LEVINE, JAY STEVEN ESQ.
2500 N. MILITARY TRAIL, STE. 490
BOCA RATON FL 33431**

Name

RANDALL K. ROGER & ASSOC. P.A.

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

621 NW 53rd St.

City

BOCA RATON, FL

FL

Zip Code

33487

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

Pres. Randall K. Roger + Associates, P.A.

(NOTE: Registered Agent signature required when reinstating)

3-11-05

DATE

**FILE NOW: 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**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME PIUCCI, VIRGINIO
STREET ADDRESS 4201 S OCEAN BLVD
CITY-ST-ZIP PALM BEACH FL 33480

TITLE D ☐ Delete
NAME INGLIS, EILEEN
STREET ADDRESS 4201 S OCEAN BLVD K-8
CITY-ST-ZIP SOUTH PALM BEACH FL

TITLE D ☒ Delete
NAME FLACONE, FRANK
STREET ADDRESS 4201 SO. OCEAN BLVD. #H-8
CITY-ST-ZIP S PALM BEACH FL 33480

TITLE D ☒ Delete
NAME FREITAG, FRAN
STREET ADDRESS 4201 SO. OCEAN BLVD. #M-6
CITY-ST-ZIP S PALM BEACH FL 33480

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME LESH, JENNIFER
STREET ADDRESS 4201 S. OCEAN BLVD
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE D ☒ Change ☐ Addition
NAME INGLIS, EILEEN
STREET ADDRESS 4201 S. OCEAN BLVD
CITY-ST-ZIP South Palm Beach, FL 33480

TITLE D/TREASURER ☐ Change ☒ Addition
NAME LIZZY, ROSE MARIE
STREET ADDRESS 4201 S. OCEAN BLVD
CITY-ST-ZIP South Palm Beach, FL 33480

TITLE D/VICEPRESIDENT ☐ Change ☒ Addition
NAME DEMATTEO, IRENE
STREET ADDRESS 4201 SOUTH OCEAN BLVD
CITY-ST-ZIP South Palm Beach, FL 33480

TITLE D ☐ Change ☒ Addition
NAME BOERGER, Josephine
STREET ADDRESS 4201 South ocean BLVD
CITY-ST-ZIP South Palm Beach, FL 33480

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:

Rose Marie Lizzy

3/7/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #