

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90122 027 ****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
 %FLA COMMUNITY MGMT SERV
 P.O. BOX 9139
 CORAL SPRINGS, FL 33075

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

40040798



02072006 Chg-NP CR2E037 (11/05)

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

RANDALL K ROGER & ASSOC. PA
 621 NW 53RD ST
 BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee Is \$61.25
Due by May 1, 2006

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 NAME STREET ADDRESS CITY-ST-ZIP	PD LESH, JENNIFER 4201 S OCEAN BLVD PALM BEACH, FL 33480 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS INGLIS, EILEEN 4201 S OCEAN BLVD K-8 SOUTH PALM BEACH, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LIZZI, ROSE M 4201 S OCEAN BLVD S PALM BEACH, FL 33480 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DEMATTO, IRENE 4201 S OCEAN BLVD S PALM BEACH, FL 33480 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B BOERGER, JOSEPHINE 4201 S OCEAN BLVD S PALM BCH, FL 33480 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Dom INIC BOF ALINO 4201 M-1 SOUTH OCEAN BLVD S. Palm Bch, FL 33480 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENGLIS, JOHN 4201 S. OCEAN BLVD, K-8 S. PALM BCH FL 33480 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGLIS, Eileen 4201 S. OCEAN BLVD K-8 S. PALM BCH FL 33480 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOERGER, JOSEPHINE 4201 S. OCEAN BLVD J-1 S. PALM BCH FL 33480 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRIETAG, FRANCIS 4201 S. OCEAN BLVD M-6 S. PALM BCH. FL 33480 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Francis Frietag Secretary Date: 3-2-06 Daytona Phone # 3-2-06