


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90094 020 ****61.25

DOCUMENT # N05000009238

1. Entity Name
PALM BREEZES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**C/O CENTEX HOMES
 3301 QUANTUM BLVD
 BOYNTON BEACH, FL 33426**

Mailing Address
**C/O CENTEX HOMES
 3301 QUANTUM BLVD
 BOYNTON BEACH, FL 33426**

2. Principal Place of Business - No P.O. Box
**G.R.S. MANAGEMENT ASSOCIATES, INC.
 3900 WOODLAKE BLVD. SUITE 309
 LAKE WORTH, FL 33463**

3. Mailing Address
**G.R.S. MANAGEMENT ASSOCIATES, INC.
 3900 WOODLAKE BLVD. SUITE 309
 LAKE WORTH, FL 33463**

FEI - 20-844000



02092007 Chg-NP CR2E037 (12/06)

4. FEI Number
APPLIED FOR

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HILDEBRANDT, STEVE
 C/O CENTEX HOMES
 3301 QUANTUM BLVD
 BOYNTON BEACH, FL 33426**

Name: *Steve Ashby*
 Street: *3301 Quantum Blvd*
 City: *Boynton Bch FL 33426*

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]* **Steve Ashby HOA Manager** DATE: *4/24/07*

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

Filing Fee is **\$61.25** Due by **May 1, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	D BIRNBAUM, LEWIS 3301 QUANTUM BLVD BOYNTON BEACH, FL 33426 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>STEVE ASHBY 3301 QUANTUM BLVD BOYNTON BEACH FL 33426</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILDEBRANDT, STEVE 3301 QUANTUM BLVD BOYNTON BEACH, FL 33426 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>JEFFREY RURY 3301 QUANTUM BLVD BOYNTON BEACH FL 33426</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNOLDS, MIKE 3301 QUANTUM BLVD BOYNTON BEACH, FL 33426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____