

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90018 037 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1576194

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

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, 2008

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	<input type="checkbox"/> Delete
NAME	BOFALINO, DOMINIC	
STREET ADDRESS	4201 S OCEAN BLVD	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	INGLIS, JOHN	
STREET ADDRESS	4201 S OCEAN BLVD K-8	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	INGLIS, EILEEN	
STREET ADDRESS	4201 S. OCEAN BLVD. K-8	
CITY-ST-ZIP	S PALM BEACH, FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEMATTBO, IRENE	
STREET ADDRESS	4201 S OCEAN BLVD	
CITY-ST-ZIP	S PALM BEACH, FL 33480	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOERGER, JOSEPHINE	
STREET ADDRESS	4201 S. OCEAN BLVD. J-1	
CITY-ST-ZIP	S PALM BCH, FL 33480	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FRIETAG, FRANCIS	
STREET ADDRESS	4201 S. OCEAN BLVD. M-6	
CITY-ST-ZIP	S. PALM BEACH, FL 33480	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENNIFER LESH	
STREET ADDRESS	4201 S. OCEAN BLVD, I-6	
CITY-ST-ZIP	S. PALM BEACH, FL 33480	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETTY LOU TIGHE	
STREET ADDRESS	4201 S. OCEAN BLVD. K-2	
CITY-ST-ZIP	S. PALM BEACH, FL 33480	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.17.08

954-346-6262

Date

Daytime Phone #