

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2008 90338 019 ***150.00

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02202008 Chg-P CR2E034 (12/06)

4. FEI Number **59-1163175** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ASSOCIATED PROPERTY MANAGEMENT
1928 LAKE WORTH ROAD
LAKE WORTH, FL 33461

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	POPLE, ROBERT	
STREET ADDRESS	4001 S. OCEAN BLVD #313	
CITY-ST-ZIP	SOUTH PALM BEACH, FL 33480	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BRANDT, RICHARD	
STREET ADDRESS	4 BRANDT LANE	
CITY-ST-ZIP	WORCESTER, MA 01604	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BAIN, IRENE	
STREET ADDRESS	71 MARY ST BARRE ONT	
CITY-ST-ZIP	CANADA, 14n 112	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LONG, JAMES	
STREET ADDRESS	4001 S OCEAN BLVD #113	
CITY-ST-ZIP	SOUTH PALM BEACH, FL 33480	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BEUTEL, PEG	
STREET ADDRESS	1767 BROADRIPPLE DR	
CITY-ST-ZIP	CLARKSVILLE, TN 370424620	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOLOW, MARTHA	
STREET ADDRESS	4001 S OCEAN BLVD #201	
CITY-ST-ZIP	PALM BEACH, FL 33480	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEUTEL, PEGGY	
STREET ADDRESS	4001 SO. OCEAN BLVD #314	
CITY-ST-ZIP	SO. PALM BEACH, FL 33480	
TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRIDAY, JUTIA	
STREET ADDRESS	4001 SO. OCEAN BLVD. #216	
CITY-ST-ZIP	SO. PALM BEACH, FL 33480	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATERSON, ABBIE	
STREET ADDRESS	4001 SO. OCEAN BLVD. #213	
CITY-ST-ZIP	SO. PALM BEACH, FL 33480	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPLE, ROBERT	
STREET ADDRESS	4001 SO. OCEAN BLVD. #313	
CITY-ST-ZIP	SO. PALM BEACH, FL 33480	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DESIMONE, JOSEPH	
STREET ADDRESS	4001 SO. OCEAN BLVD. #319	
CITY-ST-ZIP	SO. PALM BEACH, FL 33480	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEUTEL, AL	
STREET ADDRESS	4001 SO. OCEAN BLVD. #108	
CITY-ST-ZIP	SO. PALM BEACH, FL 33480	

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 607, 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

CFO

Date

Debit Phone #

4/22/08 561-582-2719