

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 745742

**FILED**  
**Feb 27, 2014**  
**Secretary of State**  
**CC3989308351**

**Entity Name:** VILLAGE CONDOMINIUM ASSOCIATION AT PALM BEACH, INC.

**Current Principal Place of Business:**

1500 GOLDEN LAKES BLVD  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

1500 GOLDEN LAKES BLVD  
WEST PALM BEACH, FL 33411

**FEI Number:** 59-1930223

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF, P.A.  
625 N. FLAGLER DR., FL7  
WEST PALM BEACH, FL 33401 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name SABERS, ADELE  
Address 2328 S. CONGRESS AVE STE 2A  
City-State-Zip: WEST PALM BEACH FL 33406

Title TD  
Name BIDART, LUCY  
Address 2328 S CONGRESS AVE., STE. 2A  
City-State-Zip: WEST PALM BEACH FL 33406

Title SD  
Name BERKOWITZ, SYBIL  
Address 2328 S. CONGRESS AVE STE 2A  
City-State-Zip: WEST PALM BEACH FL 33406

Title D  
Name FINGER, NAOMI  
Address 2328 S, CONGRESS AVE STE 2A  
City-State-Zip: WEST PALM BEACH FL 33406

Title D  
Name CLUNA, BRENDA  
Address 2328 S, CONGRESS AVE STE 2A  
City-State-Zip: WEST PALM BEACH FL 33406

Title D  
Name KAUFMAN, MARJORIE  
Address 2328 S, CONGRESS AVE STE 2A  
City-State-Zip: WEST PALM BEACH FL 33406

Title D  
Name KREMSKY, DAVID  
Address 2328 S. CONGRESS AV.  
SUITE 2A  
City-State-Zip: WPB FL 33406

Title D  
Name SHEINMAN, DOREEN  
Address 1500 GOLDEN LAKES BLVD  
City-State-Zip: WEST PALM BEACH FL 33411

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ADELE SABERS

**PRESIDENT**

**02/27/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VPD  
Name ANGELSON, JERROLD  
Address 1500 GOLDEN LAKES BLVD  
City-State-Zip: WEST PALM BEACH FL 33411