

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000007677

**FILED**  
**Jan 06, 2015**  
**Secretary of State**  
**CC7079087196**

**Entity Name:** ARTESA HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1500 GATEWAY BLVD  
SUITE 220  
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

PO BOX 244225  
BOYNTON BEACH, FL 33424

**FEI Number: 02-0597318**

**Certificate of Status Desired: No**

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

VICTORY ACCOUNTING, INC.  
1500 GATEWAY BLVD  
SUITE 220  
BOYNTON BEACH, FL 33426 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 ORME, VERN  
Address PO BOX 244225  
City-State-Zip: BOYNTON BEACH FL 33424

Title SD  
Name JOSEPH, TERESA  
Address PO BOX 244225  
City-State-Zip: BOYNTON BEACH FL 33424

Title VP  
Name FINLEY, CHRISTOPHER  
Address PO BOX 244225  
City-State-Zip: BOYNTON BEACH FL 33424

Title TREASURER  
Name SCHWARTZ, SCOTT  
Address PO BOX 244225  
City-State-Zip: BOYNTON BEACH FL 33424

*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: VERN ORME**

**PRESIDENT**

**01/06/2015**

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

\_\_\_\_\_  
Date