

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000009238

**Entity Name:** PALM BREEZES PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**9631 WINDRIFT CIR.  
FT. PIERCE, FL 34945**Current Mailing Address:**9631 WINDRIFT CIR.  
FT. PIERCE, FL 34945 US**FEI Number: 20-8440284****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BECKER & POLIAKOFF, P.A.  
401 SE OSCEOLA STREET, FIRST FLOOR  
STUART, FL 34994 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 VP-1  
Name CHENETTE, WILLIAM  
Address 270 PALM BREEZES DR.  
City-State-Zip: FT. PIERCE FL 34945

Title PRESIDENT  
Name PAYEN, YVES  
Address 9447 WINDRIFT CIR.  
City-State-Zip: FT. PIERCE FL 34945

Title VP-2  
Name VALISH, JOY  
Address 148 BLUE GROTTO DR.  
City-State-Zip: FT. PIERCE FL 34945

Title TREASURER  
Name VALISH, BRIAN  
Address 148 BLUE GROTTO DR.  
City-State-Zip: FT. PIERCE FL 34945

Title SECRETARY  
Name FELIX, MICHELLE  
Address 9525 WINDRIFT CIR.  
City-State-Zip: FT. PIERCE FL 34945

*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: YVES PAYEN****PRESIDENT****04/18/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date