

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30998

Entity Name: PALM BREEZES HOMEOWNERS ASSO. INC.**Current Principal Place of Business:**3440 LAKE OVERLOOK PLACE
LANTANA, FL 33462**Current Mailing Address:**3440 LAKE OVERLOOK PLACE
LANTANA, FL 33462**FEI Number:** 65-0338332**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROMANELLI, DOROTHY A
3422 SEACOAST ST
LANTANA, FL 33462 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:** DOROTHY A ROMANELLI

04/07/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name ROMANELLI, DOROTHY A
Address 3422 SEACOAST ST
City-State-Zip: LANTANA FL 33462

Title SECRETARY
Name WITZMANN, PATRICIA
Address 3380 LAKE OVERLOOK PLACE
City-State-Zip: LANTANA FL 33462

Title PRESIDENT
Name PAPP, MARGIE
Address 6127 SEASHORE DR.
City-State-Zip: LANTANA FL 33462

Title VP
Name COLOMBO, DENNIS
Address 3392 SEACOAST ST
City-State-Zip: LANTANA FL 33462

Title FMO OFFICER
Name ST MARTIN, JOHN
Address 6139 SEASHORE DR
City-State-Zip: LANTANA FL 33462

Title DIRECTOR
Name BIGELOW, MICHELLE
Address 6056 PALM BREEZES DR
City-State-Zip: LANTANA FL 33462

Title DIRECTOR
Name ALFANO, CHRISTOPHER
Address 6148 PALM HARBOUR DR
City-State-Zip: LANTANA FL 33462

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: DOROTHY A ROMANELLI

TREASURER

04/07/2016

Electronic Signature of Signing Officer/Director Detail

Date