

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30998

Entity Name: PALM BREEZES HOMEOWNERS ASSO. INC.**Current Principal Place of Business:**3369 LAKE OVERLOOK PLACE
LANTANA, FL 33462**Current Mailing Address:**3369 LAKE OVERLOOK PLACE
LANTANA, FL 33462 US**FEI Number:** 65-0338332**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REA, THOMAS
3369 LAKE OVERLOOK PLACE
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:** THOMAS REA

03/24/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name REA, THOMAS
Address 3369 LAKE OVERLOOK PLACE
City-State-Zip: LANTANA FL 33462

Title PRESIDENT
Name REA, PATRICIA
Address 3369 LAKE OVERLOOK PLACE
City-State-Zip: LANTANA FL 33462

Title VP
Name SHOULDIS, SUE
Address 6143 PALM BREEZES DRIVE
City-State-Zip: LANTANA FL 33462

Title SECRETARY
Name MC DONALD, KIM
Address 6162 SEASHORE DRIVE
City-State-Zip: LANTANA FL 33462

Title DIRECTOR
Name DEAN, DONNA
Address 3397 SEACOAST STREET
City-State-Zip: LANTANA FL 33462

Title DIRECTOR
Name TOWNSEND, PETER
Address 6075 PALM BREEZES DRIVE
City-State-Zip: LANTANA FL 33462

Title DIRECTOR
Name TOWNSEND, JANET
Address 6075 PALN HARBOUR DRIVE
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: THOMAS REA

TREASURER

03/24/2021

Electronic Signature of Signing Officer/Director Detail

Date