

2020 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

04/20/2020

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

Title	DIRECTOR
Name	BARTLETT, HEATHER
Address	6096 SEASHORE
City-State-Zip:	LANTANA FL 33462

Title	DIRECTOR
Name	BEALE, GLEN
Address	6152 PALM BREEZES DRIVE
City-State-Zip:	LANTANA FL 33462

Title	VP
Name	BENOIT, RICHARD
Address	6132 SEASHORE DRIVE
City-State-Zip:	LANTANA FL 33462

Title	PRESIDENT
Name	BEALE, ROBIN
Address	6152 PALM BREEZES DRIVE
City-State-Zip:	LANTANA FL 33462

Title	DIRECTOR
Name	LAWRENCE, JENNIFER
Address	6168 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

PRESIDENT

04/20/2020

Electronic Signature of Signing Officer/Director Detail

Date