


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**


03-08-2006 90192 036 \*\*\*\*61.25

<b>DOCUMENT # 712527</b>	
1. Entity Name <b>VILLA DE PALMAS HOME OWNERS ASSOCIATION, INC.</b>	

Principal Place of Business: <b>PO BOX 541626 MERRITT ISLAND FL 32954</b>	Mailing Address <b>PO BOX 541626 MERRITT ISLAND FL 32954</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**00001033**



1st MOORE CR2E037 (10/05)

4. FEI Number <b>59-2376719</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>PAGE, THOMAS 289 VIA HAVARRE MERRITT ISLAND FL 32953</b>	
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7. Name and Address of New Registered Agent Name <b>DOROTHY A. WASH</b> Street Address (P.O. Box Numbers Not Acceptable) <b>109 VIA DELAREINA</b> City <b>MERRITT ISLAND</b> FL <b>32953</b>	
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8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <b>DOROTHY A. WASH - (PRESIDENT)</b> <i>Dorothy A. Wash</i> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE <b>2-23-2006</b>	
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<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RIVARD, JUDY</b> <b>230 MALAGA CT</b> <b>MERRITT ISLAND FL 32953</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MITCHELL, KATHLEEN</b> <b>102 SEA BREEZE CIR.</b> <b>MERRITT ISLAND FL 32953</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CAPSHAW, BARBARA</b> <b>189 VIA HAVARRE</b> <b>MERRITT ISLAND FL 32953</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KNITTEL, PAUL</b> <b>260 MADRID CT.</b> <b>MERRITT ISLAND FL 32953</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CAUFFMAN, WILLIAM</b> <b>2265 SYKES CREEK DR.</b> <b>MERRITT ISLAND FL 32953</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VEST, PHILIP</b> <b>2240 SYKES CREEK DR.</b> <b>MERRITT ISLAND FL 32953</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>LEW BOWMAN</b> <b>241 VIA HAVARRE</b> <b>MERRITT ISLAND, FL 32953</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>CLARENCE W. WASH</b> <b>109 VIA DELAREINA</b> <b>MERRITT ISLAND, FL 32953</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>HEIDE BOWMAN</b> <b>241 VIA HAVARRE</b> <b>MERRITT ISLAND, FL 32953</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>PAUL BEYERSDORF</b> <b>157 VIA HAVARRE</b> <b>MERRITT ISLAND, FL 32953</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NANCY BOWEN</b> <b>244 VIA HAVARRE</b> <b>MERRITT ISLAND, FL 32953</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MARYLOU HARLOW</b> <b>168 VIA HAVARRE</b> <b>MERRITT ISLAND, FL 32953</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other filers empowered.	
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SIGNATURE <i>Clarence W. Wash</i> <b>CLARENCE W. WASH</b> 2-23-06 321/43
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# ATTACHMENT

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Principal Place of Business

PO BOX 541626  
MERRITT ISLAND FL 32954

Mailing Address

PO BOX 541626  
MERRITT ISLAND FL 32954

50001639

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

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Not Applicable

5. Certificate of Status Desired

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7. Name and Address of New Registered Agent

PAGE, THOMAS  
289 VIA HAVARRE  
MERRITT ISLAND FL 32953

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete  
NAME RIVARD, JUDY  
STREET ADDRESS 230 MALAGA CT  
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME KATHY CUDIA  
STREET ADDRESS 128 VIA HAVARRE  
CITY-ST-ZIP MERRITT ISLAND, FL. 32953

TITLE T ☒ Delete  
NAME MITCHELL, KATHLEEN  
STREET ADDRESS 102 SEA BREEZE CIR.  
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME CAPSHAW, BARBARA  
STREET ADDRESS 189 VIA HAVARRE  
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME KNITTEL, PAUL  
STREET ADDRESS 260 MADRID CT.  
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME CAUFFMAN, WILLIAM  
STREET ADDRESS 2265 SYKES CREEK DR.  
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME VEST, PHILIP  
STREET ADDRESS 2240 SYKES CREEK DR.  
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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