


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

DOCUMENT # 712527
 1. Entity Name
VILLA DE PALMAS HOME OWNERS ASSOCIATION, INC.




Principal Place of Business: **PO BOX 541626 MERRITT ISLAND FL 32954**
 Mailing Address: **PO BOX 541626 MERRITT ISLAND FL 32954**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

00001033



1st MOORE CR2E037 (10/05)

4. FEI Number **59-2376719** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
PAGE, THOMAS
289 VIA HAVARRE
MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent
 Name **DOROTHY A. WASH**
 Street Address (P.O. Box Numbers Not Acceptable) **109 VIA DELAREINA**
 City **MERRITT ISLAND FL** Zip Code **32953**

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 **DOROTHY A. WASH - (PRESIDENT)** *Dorothy A. Wash*
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE **2-23-2006**

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RIVARD, JUDY	
STREET ADDRESS	230 MALAGA CT	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, KATHLEEN	
STREET ADDRESS	102 SEA BREEZE CIR.	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	S	<input type="checkbox"/> Delete
NAME	CAPSHAW, BARBARA	
STREET ADDRESS	189 VIA HAVARRE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KNITTEL, PAUL	
STREET ADDRESS	260 MADRID CT.	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAUFFMAN, WILLIAM	
STREET ADDRESS	2265 SYKES CREEK DR.	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VEST, PHILIP	
STREET ADDRESS	2240 SYKES CREEK DR.	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10


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

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 files empowered.

SIGNATURE *Clarence W. Wash* **CLARENCE W. WASH** 2-23-06 321643

ATTACHMENT

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

DOCUMENT # 712527 1. Entity Name VILLA DE PALMAS HOME OWNERS ASSOCIATION, INC.					
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2376719	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			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		
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SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 17, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RIVARD, JUDY		NAME	DIRECTOR	
STREET ADDRESS	230 MALAGA CT		STREET ADDRESS	KATHY CUDIA	
CITY-ST-ZIP	MERRITT ISLAND FL 32953		CITY-ST-ZIP	128 VIA HAVARRE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953		CITY-ST-ZIP	MERRITT ISLAND, FL. 32953	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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NAME	VEST, PHILIP		NAME		
STREET ADDRESS	2240 SYKES CREEK DR.		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32953		CITY-ST-ZIP		

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1st MOORE CR2E037 (10/05)

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