


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90003 004 \*\*\*\*61.25

<b>DOCUMENT # 716085</b> 1. Entity Name SOUTH PALM BEACH CONDOMINIUM, VILLAS, INC.					
Principal Place of Business C/O CMC MANAGEMENT, INC 2950 JOY RD GREENACRES, FL 33467			Mailing Address C/O CMC MANAGEMENT, INC 2950 JOY RD GREENACRES, FL 33467 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1278917	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  SCOT A. GERRISH 2950 JOY RD GREENACRES, FL 33467				7. Name and Address of New Registered Agent  Nar Sir Dicker, Krivok & Stoloff, P.A. 1818 Australian Ave South Suite 400 Cit West Palm Beach, FL 33409	
8. The above named entity submits this statement for the purpose of changing its registered office and registered agent on or before the date of filing, from familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Scott A. Stoloff</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POCCIA, NICHOLAS A 4501 S OCEAN BLVD. #D-5 S PALM BEACH, FL 33480	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEERING, NEAL 4501 SOUTH OCEAN F-3 SOUTH PALM BEACH, FL 33480	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTOPHER SMITH 4501 SOUTH OCEAN BLVD #D 2 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARAGIANIS, KAY 4501 SOUTH OCEAN D-8 SOUTH PALM BEACH, FL 33480	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. KARAGIANIS, KAY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOLINARIO, FRANK 4501 SOUTH OCEAN BLVD. #F-1 SOUTH PALM BEACH, FL 33480	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOLINARIO, FRANK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KNIGHT, JANE 4501 SOUTH OCEAN G-8 SOUTH PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LETICIA MOLINARIO 4501 SOUTH OCEAN BLVD # F 1 SOUTH PALM BEACH, FL 33480 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KENNY, PAM 4501 S OCEAN BLVD A-8 PALM BEACH, FL 33480	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, will fail over like empowered.					
SIGNATURE: <u>Nicholas Poccia</u> Date <u>3/12/08</u> Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					