2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

N PALM BEACH, FL 33408

805 HUNNIMGHIRD WAY @8D

BAUL CREELMAN

510 PROSPEROY FRASRD

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N. PALM BEACH, FL 33408

110 SHERWOOD CIRCLE

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PLANKI, KELLY

PADOWITZ, ABAM

JUPITER, FL 33458

Apr 14, 2005 8:00 am Secretary of State 04-14-2005 90111 033 ****70.00 **DOCUMENT #729879** 1. Entity Name EARMAN VILLAS ASSOCIATION, INC. Principal Place of Business Mailing Address 185 E INDIANTOWN RD #127 809 HUMMINGBORD WAY #1C. NORTH PALM BEACH, FL 33408 JUPITER, FL 33477 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-1650090 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PAPAGEORGE, TERRI Street Address (P.O. Box Number is Not Acceptable) C/O ACCOUNTING DEPT., INC. 185 EAST INDIANTOWN RD., STE. 127 JUPITER, FL 33477 City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be -Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Detete TITLE ☐ Addition TITLE SORGE, DONALD NAME STREET ADDRESS 510 PROSPERITY FINS RD #1B STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH, FL 33408 CITY-ST-ZIP TITLE TITLE ☐ Delete Chance ☐ Addition MORRIS, ARTHUR NAME NAME 809 HUMMINGBIRD WAY @1C STREET ADDRESS STREET ADDRESS

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 817, 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 like empowered.

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SIGNATURE:	atmos Anthon mounis	04/05/05	885-2498
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #