


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90039 040 \*\*\*\*61.25

<b>DOCUMENT # 729879</b>	
1. Entity Name <b>EARMAN VILLAS ASSOCIATION, INC.</b>	

Principal Place of Business <b>809 HUMMINGBIRD WAY #1C. NORTH PALM BEACH, FL 33408</b>	Mailing Address <b>185 E INDIANTOWN RD #127 JUPITER, FL 33477</b>
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40034110



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

01042007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-1650090</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>PAPAGEORGE, TERRI C/O ACCOUNTING DEPT., INC. 185 EAST INDIANTOWN RD., STE. 127 JUPITER, FL 33477</b>		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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>POLITO, JAY</b>	NAME	<b>Director Jennifer Fredricks</b>
STREET ADDRESS	<b>813 HUMMINGBIRD WAY #1A</b>	STREET ADDRESS	<b>813 Hummingbird Way, TA</b>
CITY-ST-ZIP	<b>NORTH PALM BEACH, FL 33408</b>	CITY-ST-ZIP	<b>North Palm Beach Fl. 33408</b>
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLD, LYNN</b>	NAME	<b>Director Bernard Matos</b>
STREET ADDRESS	<b>510 PROSPERITY FARMS RD, #6B</b>	STREET ADDRESS	<b>805 Hummingbird Way 5D</b>
CITY-ST-ZIP	<b>N PALM BEACH, FL 33408</b>	CITY-ST-ZIP	<b>North Palm Beach Fl. 33408</b>
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PLANK &amp; KELLY</b>	NAME	<b>Director</b>
STREET ADDRESS	<b>805 HUMMINGBIRD WAY @8D</b>	STREET ADDRESS	<b>805 Hummingbird Way 5D</b>
CITY-ST-ZIP	<b>N. PALM BEACH, FL 33408</b>	CITY-ST-ZIP	<b>North Palm Beach Fl. 33408</b>
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CREELMAN, PAUL</b>	NAME	
STREET ADDRESS	<b>510 PROSPERITY FARMS RD. #5B</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH PALM BEACH, FL 33408</b>	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEILD, MIKE</b>	NAME	
STREET ADDRESS	<b>805 HUMMINGBIRD WAY #4D</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH PALM BEACH, FL 33408</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

*Kelly L. Plank*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/15/07 (561) 842-2456**  
Date Daytime Phone #