

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90028 015 ****61.25

DOCUMENT # 729879 1. Entity Name EARMAN VILLAS ASSOCIATION, INC.			
Principal Place of Business 809 HUMMINGBIRD WAY #1C, NORTH PALM BEACH, FL 33408		Mailing Address 185 E INDIANTOWN RD #127 JUPITER, FL 33477	
2. Principal Place of Business - No P.O. Box # 805 Hummingbird Way Suite, Apt. #, etc. 8D		3. Mailing Address Suite, Apt. #, etc. 	
City & State NPB, FL		City & State 	
Zip 33408		Zip 33408	
Country FL		Country 	
4. FEI Number 59-1650090		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAPAGEORGE, TERRI C/O ACCOUNTING DEPT., INC. 185 EAST INDIANTOWN RD., STE. 127 JUPITER, FL 33477		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE Vice President <input type="checkbox"/> Delete	NAME FREDRICKS, JENNIFER	TITLE Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Jennifer Fredricks
STREET ADDRESS 813 HUMMINGBIRD WAY 7A	CITY-ST-ZIP NORTH PALM BEACH, FL 33408	STREET ADDRESS 813 Hummingbird Way 7A	CITY-ST-ZIP NPB, FL 33408
TITLE President <input type="checkbox"/> Delete	NAME MATOS, BERNARD	TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Bernard Matos
STREET ADDRESS 805 HUMMINGBIRD WAY 5D	CITY-ST-ZIP NORTH PALM BEACH, FL 33408	STREET ADDRESS 805 Hummingbird Way 5D	CITY-ST-ZIP NPB, FL 33408
TITLE SD <input type="checkbox"/> Delete	NAME PLANCK, KELLY <i>Planck, Kelly wrong spelling</i>	TITLE Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Planck, Kelly
STREET ADDRESS 805 HUMMINGBIRD WAY #8D	CITY-ST-ZIP N. PALM BEACH, FL 33408	STREET ADDRESS 805 Hummingbird Way 8D	CITY-ST-ZIP North Palm Bch, FL 33408
TITLE VP <input checked="" type="checkbox"/> Delete	NAME CREELMAN, PAUL	TITLE Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Weild, Mike
STREET ADDRESS 510 PROSPERITY FARMS RD. #5B	CITY-ST-ZIP NORTH PALM BEACH, FL 33408	STREET ADDRESS 805 Hummingbird Way 4D	CITY-ST-ZIP NPB, FL 33408
TITLE Director <input type="checkbox"/> Delete	NAME WEILD, MIKE	TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Hullihan, Cindy
STREET ADDRESS 805 HUMMINGBIRD WAY #4D	CITY-ST-ZIP NORTH PALM BEACH, FL 33408	STREET ADDRESS 805 Hummingbird Way 2D	CITY-ST-ZIP NPB, FL 33408
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: <i>Kelly Planck</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
3/6/08		3/6/08 (601) 842-2990	