


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90146 004 ****61.25

DOCUMENT # 731502 1. Entity Name PALM BEACH LITTLE RANCHES PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business 669 E. RAMBLING DRIVE WELLINGTON, FL 33414	Mailing Address 669 E. RAMBLING DRIVE WELLINGTON, FL 33414
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DO NOT WRITE IN THIS SPACE



01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2349756	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 GANN, JAMES M. 669 EAST RAMBLING DRIVE W PALM BEACH, FL 33414

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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>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATERS, MIKE Jerry Pendergast 569 W. RAMBLING DR 576 E. Rambling Dr. WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MIKE, JIM Steve Hainline 561 RAMBLING DR. CIRCLE 11949 Acme Rd WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LAMARCA, JUDY 11605 SO. RAMBLING DR WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACE, LARRY 803 RAMBLING DR. CIRCLE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALVORSROD, RANDY 852 CINDY DR WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCER, PAT 676 W. RAMBLING DR WELLINGTON, FL 33414

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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>Judy LaMarca</i> JUDY LaMARCA	Date 4-17-06	Daytime Phone # (561)784-8982
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