

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90192 045 ****61.25

DOCUMENT # 732791 1. Entity Name PALMLAND VILLAS I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4906 PALMLAND DRIVE BOYNTON BEACH, FL 33436 <i>1892-1920 PALMLAND DRIVE</i>			Mailing Address MANAGEMENT SERVICES 639 OCEAN AVENUE STE 204 BOYNTON BEACH, FL 33435 US		
2. Principal Place of Business		3. Mailing Address <i>MANAGEMENT SERVICES of America</i>		40055030 	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <i>1700 Congress Ave #1128</i>		02072006 Chg-NP CR2E037 (11/05)	
City & State 		City & State <i>BOCA RATON FL</i>		4. FEI Number 59-1731142	
Zip 		Zip <i>33487</i>		Country <i>USA</i>	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HUCKADY, JANET MANAGEMENT SERVICES OF AMERICA INC 639 EAST OCEAN AVENUE STE 204 <i>1700 Congress Ave #1128</i> BOYNTON BEACH, FL 33436 <i>BOCA RATON FL 33487</i>			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 <i>Janet Van Pelt</i> DATE <i>3/27/06</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	PD WOYTYSIAK, JOHN 1898A PALMLAND DR BOYNTON BEACH, FL 33435		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAI SCA/20, Pres. 1814C PALMLAND DR Boynton Bch FL 33436	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director LUOWIG, JOEL 1892 D PALM LAND DR BOYNTON BEACH, FL 33436		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director JOEL LUDWIG D ↑	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COSTA, SALVATORE 1920C PALMLAND DR BOYNTON BEACH, FL 33436		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRIS, CHARMAINE 1894 C PALMLAND DR BOYNTON BEACH, FL 33435		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MARY WOYTYSIAK 1898 A PALMLAND DR Boynton Bch FL 33436	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULZO, SALVATORE 1814C PALMLAND DR BOYNTON BEACH, FL 33435		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRISCILLA LUOWIG 1892 D PALMLAND DR BOYNTON Bch FL 33436 DIRECTOR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANDERSEN, KEN 1896 A PALMLAND DR BOYNTON BEACH, FL 33436		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PATRICK KAMPATH 1892 A PALMLAND DR Boynton Bch FL 33436 DIRECTOR	
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>J. Van Pelt</i> DATE: <i>3/27/6</i> 988-1888 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #					

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ATTACHMENT

40055030

Dear Vendor,

732191

Thanks for your patience during our transition.

We've moved!

**MANAGEMENT SERVICES OF AMERICA
7700 CONGRESS AVE., SUITE 1128
BOCA RATON, FLORIDA 33487**

PHONE: 561-988-1888

FAX: 561-988-1980

THE STAFF at MANAGEMENT SERVICES