## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # 725005

## **FILED** Apr 19, 2007 8:00 am Secretary of State 04-19-2007 90201 019 \*\*\*\*61.25

| 1. Entity Name PALM VILLAS CONDOMINIUM APARTMENTS, INC.  |   |   |                        |  |  |  |                | <b>A</b> ()  | <u> </u>  070733     | i                                     |                          |  |
|--|---|---|------------------------|--|--|--|----------------|--|----------------------|---------------------------------------|--------------------------|--|
| 1230 HOMEWOOD BV 1230 I  |   |   |                        | g Address<br>) HOMEWOOD BV<br>XAY BEACH, FL 33445 US |  |  |                | 40   | ,0101-               |                                       |                          |  |
| Principal Place of Business - No P.O. Box #     3. M   |   |   |                        | Mailing Address                                      |  |  |                |  |                      |                                       |                          |  |
| Suite, Apt. #, etc.  |   |   | Suite, Apt. #, etc.    |  |  |  |                | 04122007   | Chg-NP               | CR2E0                                 | 37 (12/06)               |  |
| City & State   |   |   | City & State           |  |  |  |                | 4. FEI Numb<br>59-173                                      |                      | <u>-</u> -                            | <del></del>              | Applied For<br>lot Applicable            |
| Zip Country  |   |   | Zip                    | Zip Co   |  | ntry   |                | 5. Certificate of Status Desired See Required Fee Required |                      |                                       |                          |  |
|  | 6. Name   | and Address of Current R  | legistered Ag          | ent  |  | Name   |                | 7. Name and  | d Address of New     | Registered                            | Agent                    |  |
| PEARLMAN, SANDRA<br>1130 HOMEWOOD BLVD   |   |   |                        |  | +  | Street Address (P.O. Box Number is Not Acceptable)                                       |                |  |                      |                                       |                          |  |
| # F102<br>DELRAY BEACH, FL 33445   |   |   |                        |  | -  |  |                | <del></del>  |                      | · · · · · · · · · · · · · · · · · · · | <del>-</del>             |  |
|  |   |   |                        | City   |  |  |                |  |                      | FL                                    | Zip Co                   | de                                       |
| 8. The above the obligat   | named entit<br>tions of regis   | y submits this statement for<br>tered agent.  | the purpose o          | of changing its                                      | registered   | d office or  | registere      | ed agent, or bo  | oth, in the State of | Florida, I am                         | familiar with            | , and accept                             |
| SIGNATURE .  |   |   |                        |  |  |  |                |  |                      |                                       |                          |  |
|  | Signature, typed  | or printed name of registered agent ar  | nd title if applicable | (NOTE  | : Registered   | Agent signatur   | benuper ex     | when reinstating)  |                      | DATE                                  |                          |  |
|  | Filing Fee is \$61.25<br>Due by May 1, 2007   |   |                        |  |  |  |                |  |                      |                                       |                          |  |
|  | _   |   | 9                      | Election Cam<br>Trust Fund C                         |  |  | <u> </u>       | \$5.00 May E<br>Added to Fees                              |                      | Make chec<br>orida Depa               |                          |  |
| 10.  | Due by N  |   | ECTORS                 | Trust Fund C   |  |  |                | \$5.00 May be Added to Fees                                |                      | orida Depa                            | rtment of S              | State                                    |
| 10.<br>TITLE<br>NAME   | Due by N  | May 1, 2007   | ECTORS                 |  | ontributio   | on. [  |                | \$5.00 May be Added to Fees                                | FI                   | orida Depa                            | rtment of S              | State                                    |
| TITLE  | PD DICESAR 1210 HON   | OFFICERS AND DIRE   | ECTORS                 | Trust Fund C   | 11. TITLE NAME   | T ADDRESS  |                | \$5.00 May be Added to Fees                                | FI                   | orida Depa                            | RECTORS I                | State<br>N 10                            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | PD DICESAR 1210 HONDELRAY   | OFFICERS AND DIRECTOR  OFFICERS AND DIRECTOR  RE, GERALDINE  MEWOOD BLVD, # C204  BEACH, FL 33445   | ECTORS                 | Trust Fund C   | 11. TITLE NAME STREET CITY-S   | T ADDRESS<br>ST-ZIP  |                | \$5.00 May be Added to Fees                                | FI                   | orida Depa                            | RECTORS I                | State<br>N 10                            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PD DICESAR 1210 HOI DELRAY TD PEARLMA   | OFFICERS AND DIRE RE, GERALDINE MEWOOD BLVD, # C204   | ECTORS L               | Trust Fund C   | 11. TITLE NAME STREET CITY-S TITLE NAME  | T ADDRESS<br>ST-ZIP  |                | \$5.00 May be Added to Fees                                | FI                   | orida Depa                            | RECTORS II               | State N 10 Addition                      |
| TITLE NAME STREET ABDRESS CITY-ST-ZIP TITLE NAME   | PD DICESAR 1210 HON DELRAY TD PEARLM/130 HON DELRAY   | OFFICERS AND DIRECTOR OFFICERS AND DIRECTOR OFFICERS AND DIRECTOR OFFI OFFI OFFI OFFI OFFI OFFI OFFI OF   | ECTORS L               | Trust Fund C   | 11. TITLE NAME STREET CITY-S TITLE NAME  | T ADDRESS ST-ZIP   | Δ              | \$5.00 May be Added to Fees                                | FI                   | orida Depa                            | RECTORS II               | State N 10 Addition                      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | PD DICESAR 1210 HON DELRAY TD PEARLM, 1130 HON DELRAY SD MCQUAID 1210 WO  | OFFICERS AND DIRECTOR OFFICERS AND DIRECTOR OFFICERS AND DIRECTOR OFFICERS AND DIRECTOR OFFICERS AND  | ECTORS L               | Trust Fund C   | 11. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S   | T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP                                       |                | \$5.00 May be Added to Fees                                | FI                   | orida Depa                            | RECTORS II               | State N 10 Addition                      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME THEET ADDRESS THEET ADDRESS THEET ADDRESS THEET ADDRESS THEET ADDRESS THEET ADDRESS   | PD DICESAR 1210 HON DELRAY TD PEARLM/ 1130 HON DELRAY SD MCQUAID 1210 WO DELRAY D   | OFFICERS AND DIRE  RE, GERALDINE MEWOOD BLVD, # C204 BEACH, FL 33445  AN, SANDRA MEWOOD BLVD, # F102 BEACH, FL 33445  D, KIM OMWOOD BLVD, C104 BEACH, FL 33445  | ECTORS                 | Trust Fund C   | 11. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET   | T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP                                       | Δ              | \$5.00 May be Added to Fees                                | FI                   | orida Depa                            | RECTORS II Change        | N 10 Addition                            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PD DICESAR 1210 HON DELRAY TD PEARLM/ 1130 HON DELRAY SD MCQUAIL 1210 WO DELRAY D TISCH, JC 1210 HON 1210 HON 1210 HON TISCH, JC 1210 HON | OFFICERS AND DIRE  RE, GERALDINE MEWOOD BLVD, # C204 BEACH, FL 33445  AN, SANDRA MEWOOD BLVD, # F102 BEACH, FL 33445  D, KIM OMWOOD BLVD, C104 BEACH, FL 33445  | ECTORS                 | Trust Fund C   | 11. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME   | T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP                      | P P            | \$5.00 May be Added to Fees                                | FI                   | orida Depa                            | RECTORS II Change Change | N 10 Addition Addition Addition          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | PD DICESAR 1210 HON DELRAY TD PEARLM/ 1130 HON DELRAY D TISCH, JC 1210 HON DELRAY D TISCH, JC 1210 HON DELRAY D                           | OFFICERS AND DIRE  RE, GERALDINE MEWOOD BLVD, # C204 BEACH, FL 33445  AN, SANDRA MEWOOD BLVD, # F102 BEACH, FL 33445  D, KIM OMWOOD BLVD, C104 BEACH, FL 33445  OAN MEWOOD BLVD, # C201 BEACH, FL 33445                           | ECTORS                 | Trust Fund C   | 11. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET TITLE  | T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP                      | P P            | \$5.00 May be Added to Fees                                | FI                   | orida Depa                            | RECTORS II Change Change | N 10 Addition Addition Addition          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PD DICESAR 1210 HON DELRAY TO DELRAY SD MCQUAIL 1210 WO DELRAY D TISCH, JG 1210 HON DELRAY D MARTIN,                                      | OFFICERS AND DIRE  RE, GERALDINE MEWOOD BLVD, # C204 BEACH, FL 33445  AN, SANDRA MEWOOD BLVD, # F102 BEACH, FL 33445  D, KIM OMWOOD BLVD, C104 BEACH, FL 33445  OAN MEWOOD BLVD, # C201 BEACH, FL 33445                           | CTORS                  | Trust Fund C   | 11. TITLE NAME STREET CITY-S  | T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP                      | P P            | \$5.00 May be Added to Fees                                | FI                   | orida Depa                            | Change  Change           | N 10 Addition Addition Addition          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME  | PD DICESAR 1210 HON DELRAY TD PEARLM, 1130 HON DELRAY D MCQUAIE 1210 WO DELRAY D DELRAY D MARTIN, 1020 HON 1020 HON                       | OFFICERS AND DIRE  RE, GERALDINE MEWOOD BLVD, # C204 BEACH, FL 33445  AN, SANDRA MEWOOD BLVD, # F102 BEACH, FL 33445  D, KIM OMWOOD BLVD, C104 BEACH, FL 33445  DAN MEWOOD BLVD, # C201 BEACH, FL 33445  RUTH                     | CTORS                  | Trust Fund C   | 11. TITLE NAME STREET CITY-S  | T ADDRESS ST-ZIP     | P P            | \$5.00 May be Added to Fees                                | FI                   | orida Depa                            | Change  Change           | N 10 Addition Addition Addition          |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PD DICESAR 1210 HON DELRAY TD PEARLM, 1130 HON DELRAY D MCQUAIE 1210 WO DELRAY D DELRAY D MARTIN, 1020 HON 1020 HON                       | OFFICERS AND DIRE  RE, GERALDINE MEWOOD BLVD, # C204 BEACH, FL 33445  AN, SANDRA MEWOOD BLVD, # F102 BEACH, FL 33445  D, KIM OMWOOD BLVD, C104 BEACH, FL 33445  OAN MEWOOD BLVD, # C201 BEACH, FL 33445  RUTH MEWOOD BLVD, # K201 | ECTORS                 | Trust Fund C   | TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME CITY-S TITLE NAME CITY-S TITLE NAME | T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP | P D S D Ka 115 | \$5.00 May to Added to Fees                                | FI                   | CERS AND DI                           | Change  Change  Change   | N 10 Addition Addition Addition Addition |

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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: Andre Perly Sandra Pearlman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR