

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90318 017 ****61.25

DOCUMENT # 745958

1. Entity Name
**PARTRIDGE VILLAGE PROPERTY OWNERS'
ASSOCIATION, INC.**



Principal Place of Business
~~TON, INC.~~
3715 GOLF RD
BOYNTON BEACH, FL 33436

Mailing Address
~~TON, INC.~~
3715 GOLF RD
BOYNTON BEACH, FL 33436

2. Principal Place of Business - No P.O. Box #
3715 GOLF RD

3. Mailing Address
3715 GOLF RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BOYNTON BEACH, FL 33436

City & State
BOYNTON BEACH, FL 33436

Zip

Country

Zip

Country

04202008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1889988

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TENNYSON, ROD R.T.
1450 CENTER PARK BLVD.
SUITE 100
WEST PALM BEACH, FL 33401**

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

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, 2008**

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

TITLE **P** ☐ Delete
NAME **EVANS, BERT**
STREET ADDRESS **1368 PARTRIDGE PLACE N**
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE **SD** ☐ Delete
NAME **SCHMIDT, PAUL**
STREET ADDRESS **3768 PARTRIDGE PLACE N.**
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE **VD** ☒ Delete
NAME **CATTERSON, FRANCIS**
STREET ADDRESS **3805 PARTRIDGE PLACE S**
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE **D** ☐ Delete
NAME **MISCH, DONALD L**
STREET ADDRESS **3715 GOLF ROAD**
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **V/D**
STREET ADDRESS **TIGHE, JOHN**
CITY-ST-ZIP **1436 PARTRIDGE PLACE N.
BOYNTON BEACH, FL 33436**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD L. MISCH II **APRIL 21, 2008** **561-737-5100**

Date

Daytime Phone #