

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749684

FILED  
Mar 11, 2011  
Secretary of State

**Entity Name:** TRES VIDAS OF PALM BEACH, INC.

**Current Principal Place of Business:**

C/O ASSOCIATED PROPERTY MANAGEMENT  
1928 LAKE WORTH RD.  
LAKE WORTH, FL 33461 US

**New Principal Place of Business:**

**Current Mailing Address:**

ASSOCIATED PROPERTY MANAGEMENT  
1928 LAKE WORTH RD.  
LAKE WORTH, FL 33461 US

**New Mailing Address:**

**FEI Number:** 59-1975281      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DICKER, EDWARD ESQ  
1818 AUSTRALIAN AVE. SOUTH  
WEST PALM BEACH, FL 33409 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BEIL, LEO  
Address: 21 BEACON HILL  
City-St-Zip: GROSSE POINT, MI 48236

Title: V  
Name: PELTZ, ARVIN  
Address: P.O. BOX 30159  
City-St-Zip: PALM BEACH GARDENS, FL 33420

Title: S  
Name: ROSE, CHARLES  
Address: 4531 DEN HAAG ROAD  
City-St-Zip: WARRENTON, VA 20187

Title: T  
Name: CRAMPTON, LEWIS  
Address: 37 KESWICH DR  
City-St-Zip: NEW ALBANY, OH 43054

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN MCENTEE

APM

03/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date