## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #755836**

1. Entity Name
ESCONDIDA PROPERTY OWNERS' ASSOCIATION, INC.



**FILED** Apr 17, 2006 8:00 am Secretary of State

04-17-2006 90383 047 \*\*\*\*61.25

Principal Place of Business 6745 ESCONDIDA DR. W PALM BEACH, FL 33406-5214 US  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Mailing Address 6745 ESCONDIDA DR. W PALM BEACH, FL 33406-5214 US  11 11 11 11 11 11 11 11 11 11 11 11 11
Suite, Apt. #, etc.  Suite, Apt. #, etc.  O1232006 Chg-NP CR2E037 (11/05)  City & State  City & State  4. FEI Number 59-2082379  Not Applied For Not Applicable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  O1232006 Chg-NP CR2E037 (11/05)  City & State  City & State  4. FEI Number 59-2082379  Not Applied For Not Applicable
City & State  Applied For S9-2082379  Not Applicable  Signature  Signature  Signature  Country  Signature  Country  Signature  Signature  Country  Country
59-2082379 Not Applicable
Zip Country Zip Country — \$2.75 Additional
5. Certificate of Status Desired Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
HAMILTON, JOANNE
6745 ESCONDIDA DR.  Street Address (P.O. Box Number is Not Acceptable)  W PALM BCH, FL 33406
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 aignature required when reinstating)  DATE
Filing Fee is \$61.25  Due by May 1, 2006  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE VD Delete TITLE Change Addition
NAME BOATWRIGHT, DAN NAME STREET ADDRESS 6760 ESCONDIDA DR. STREET ADDRESS
CITY-ST-ZIP W. PALM BCH., FL CITY-ST-ZIP
TITLE STD Delete TITLE Change Addition
NAME HAMILTON, JOANNE NAME
STREET ADDRESS 6745 ESCONDIDA DR. STREET ADDRESS CITY-ST-ZIP W. PALM BEACH, FL CITY-ST-ZIP
TITLE P Delete TITLE Selection Of Addition
HAVE ASUIAR, MARY SPELLING
STREET ADDRESS 6700 ESCONDIDA DR STREET ADDRESS CORRECTION
TITLE TRIE TRIE TRIE TRIE TRIE TRIE TRIE TRI
TITLE Delete TITLE Change Addition
STREET ADDRESS STREET ADDRESS
CITY-SI-ZIP
TITLE   Change   Addition
NAME STREET ADDRESS STREET ADDRESS
CITY-ST-ZIP CTTY-ST-ZIP
TITLE Delecte TITLE Change Addition
NAME NAME

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:

lohn Lynnett MATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR JOANNE A . HAMILTON

SECTREAS. 4/14/06

561-818-0874 Deviating Phone # CEXAL