

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

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # 755836

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



Principal Place of Business
**6745 ESCONDIDA DR.
W PALM BEACH, FL 33406-5214 US**

Mailing Address
**6745 ESCONDIDA DR.
W PALM BEACH, FL 33406-5214 US**



02132007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2082379

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HAMILTON, JOANNE
6745 ESCONDIDA DR.
W PALM BCH, FL 33406**

**DO NOT WRITE
IN THIS SPACE**

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 restateing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOATWRIGHT, DAN 6760 ESCONDIDA DR. W. PALM BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HAMILTON, JOANNE 6745 ESCONDIDA DR. W. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AGUIAR, MARY 6700 ESCONDIDA DR W PALM BEACH, FL
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05/01/07-80126-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Joanne A. Hamilton **JOANNE A. HAMILTON SEC/TREAS.**

4/17/07

561-355-2357 **WORK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #