

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2007 8:00 am**  
**Secretary of State**

05-22-2007 90014 042 \*\*\*\*61.25

<b>DOCUMENT # 756017</b> 1. Entity Name <b>PASSAGE ISLANDS HOMEOWNERS ASSOCIATION, INC.</b>																																																																																																							
Principal Place of Business <b>2400 CENTER PARK WEST DR SUITE 175 WEST PALM BEACH, FL 33409</b>		Mailing Address <b>2400 CENTER PARK WEST DR SUITE 175 WEST PALM BEACH, FL 33409</b>																																																																																																					
2. Principal Place of Business - No P.O. Box # <b>1930 COMMERCE LANE</b>		3. Mailing Address <b>1930 COMMERCE LANE</b>																																																																																																					
Suite, Apt. #, etc. <b>STE # 1</b>		Suite, Apt. #, etc. <b>STE - # 1</b>																																																																																																					
City & State <b>JUPITER, FL</b>		City & State <b>JUPITER, FL</b>																																																																																																					
Zip <b>33458</b>		Zip <b>33458</b>																																																																																																					
Country <b>US</b>		Country <b>US</b>																																																																																																					
4. FEI Number <b>59-2114231</b>		Applied For <input type="checkbox"/> Not Applicable																																																																																																					
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																																																																																																					
6. Name and Address of Current Registered Agent  <b>MAJECZY, CARL 2400 CENTER PARK WEST DR SUITE 175 WEST PALM BEACH, FL 33409</b>		7. Name and Address of New Registered Agent  Name <b>NADINE INGLIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>1930 COMMERCE LANE # 1</b>  City <b>JUPITER</b> <b>FL</b> Zip Code <b>33458</b>																																																																																																					
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 <u><i>Nadine Inglis</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																							
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																					
<b>Make check payable to Florida Department of State</b>																																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">VSD</td> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">TD</td> </tr> <tr> <td>NAME</td> <td>TROPEA, THOMAS <input type="checkbox"/> Delete</td> <td>NAME</td> <td>TROPEA, THOMAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>17074 PASSAGE ISLAND NORTH</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JUPITER, FL 33477</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td>TITLE</td> <td>PD</td> </tr> <tr> <td>NAME</td> <td>MAJECZNY, CARL <input type="checkbox"/> Delete</td> <td>NAME</td> <td>MAJECZKY, CARL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>17026 PASSAGE NORTH</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JUPITER, FL 33477</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VTD</td> <td>TITLE</td> <td>SD</td> </tr> <tr> <td>NAME</td> <td>BAITSELL, JOHN <input type="checkbox"/> Delete</td> <td>NAME</td> <td>BAITSELL, JOHN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>16984 PASSAGES S</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JUPITER, FL 33477</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td>TITLE</td> <td>VD</td> </tr> <tr> <td>NAME</td> <td>GANTHER, FRONN <input type="checkbox"/> Delete</td> <td>NAME</td> <td>GANTHER, FRANK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>17075 PASSAGE ISLAND NORTH</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JUPITER, FL 33477</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VTD</td> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td>BEHTSELL, JOHN <input checked="" type="checkbox"/> Delete</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16984 PASSAGE SOUTH</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JUPITER, FL 33477</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td>MATECZY, CARL <input checked="" type="checkbox"/> Delete</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>17026 PASSAGE NORTH</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JUPITER, FL 33477</td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		TITLE	VSD	TITLE	TD	NAME	TROPEA, THOMAS <input type="checkbox"/> Delete	NAME	TROPEA, THOMAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	17074 PASSAGE ISLAND NORTH	STREET ADDRESS		CITY-ST-ZIP	JUPITER, FL 33477	CITY-ST-ZIP		TITLE	PD	TITLE	PD	NAME	MAJECZNY, CARL <input type="checkbox"/> Delete	NAME	MAJECZKY, CARL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	17026 PASSAGE NORTH	STREET ADDRESS		CITY-ST-ZIP	JUPITER, FL 33477	CITY-ST-ZIP		TITLE	VTD	TITLE	SD	NAME	BAITSELL, JOHN <input type="checkbox"/> Delete	NAME	BAITSELL, JOHN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	16984 PASSAGES S	STREET ADDRESS		CITY-ST-ZIP	JUPITER, FL 33477	CITY-ST-ZIP		TITLE	S	TITLE	VD	NAME	GANTHER, FRONN <input type="checkbox"/> Delete	NAME	GANTHER, FRANK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	17075 PASSAGE ISLAND NORTH	STREET ADDRESS		CITY-ST-ZIP	JUPITER, FL 33477	CITY-ST-ZIP		TITLE	VTD	TITLE		NAME	BEHTSELL, JOHN <input checked="" type="checkbox"/> Delete	NAME		STREET ADDRESS	16984 PASSAGE SOUTH	STREET ADDRESS		CITY-ST-ZIP	JUPITER, FL 33477	CITY-ST-ZIP		TITLE	PD	TITLE		NAME	MATECZY, CARL <input checked="" type="checkbox"/> Delete	NAME		STREET ADDRESS	17026 PASSAGE NORTH	STREET ADDRESS		CITY-ST-ZIP	JUPITER, FL 33477	CITY-ST-ZIP	
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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: <u><i>C. H. Mateczny</i></u> <b>C. H. MATECZNY, President</b> <span style="float: right;">5/15/07</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																							
Date		Daytime Phone # <b>561-748-3420</b>																																																																																																					