



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90051 027 ****61.25

DOCUMENT # 757118 1. Entity Name PHILADENDRON HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 323 NE 6TH AVENUE DELRAY BEACH, FL 33483 US				Mailing Address C/O RAYMOND RILEY ACCTS 323 NE 6TH AVENUE DELRAY BEACH, FL 33483 US	
2. Principal Place of Business 495 NE 4th ST Suite, Apt. #, etc. Ste. # 7 City & State Delray Beach FL Zip 33483		3. Mailing Address 90 Delray Accounting & Tax Services, Inc. Suite, Apt. #, etc. 495 NE 4th ST. City & State Delray Beach, FL Zip 33483			
4. FEI Number 59-2312760		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MAZER, MARCY R 15792 PHILODENDRON CIR DELRAY BEACH, FL 33484			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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>Marcy R. Mazer</i></u> Marcy R. MAZER, President <u>01-26-06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	VSD <input type="checkbox"/> Delete	TITLE	TO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DEFILIPPO, GRACE T	NAME	Deborah Dennis		
STREET ADDRESS	15724 PHILODENDRON CIR	STREET ADDRESS	15763 Philodendron Circle		
CITY-ST-ZIP	DELRAY BEACH, FL 33484	CITY-ST-ZIP	Delray Beach, FL 33484		
TITLE	PD <input type="checkbox"/> Delete	TITLE			
NAME	MAZER, MARCY R	NAME			
STREET ADDRESS	15792 PHILODENDRON CIR	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33484	CITY-ST-ZIP			
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE			
NAME	SCHAFER, ROSALIN	NAME			
STREET ADDRESS	15800 PHILODENDRON CIR	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33484	CITY-ST-ZIP			
TITLE		TITLE			
NAME		NAME			
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CITY-ST-ZIP		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 all other like empowered.					
SIGNATURE: <u><i>Marcy R. Mazer</i></u> Marcy R. MAZER, President <u>01-26-06</u> <u>561-495-9431</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					