

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 757118

**FILED**  
**Apr 21, 2012**  
**Secretary of State**

**Entity Name:** PHILADENDRON HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

210 NE 6TH AVENUE  
SUITE 101  
DELRAY BEACH, FL 33483 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O WILLIAM M MORSE, EA  
210 NE 6TH AVE, STE 101  
DELRAY BEACH, FL 33483 US

**New Mailing Address:**

C/O WILLIAM M MORSE, EA, LLC  
210 NE 6TH AVE, STE 101  
DELRAY BEACH, FL 33483 US

**FEI Number:** 59-2312760

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAZER, MARCY R  
15792 PHILODENDRON CIR  
DELRAY BEACH, FL 33484 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: VSD  
Name: DEFILIPPO, GRACE T  
Address: 15724 PHILODENDRON CIR  
City-St-Zip: DELRAY BEACH, FL 33484

Title: PD  
Name: MAZER, MARCY R  
Address: 15792 PHILODENDRON CIR  
City-St-Zip: DELRAY BEACH, FL 33484

Title: T  
Name: DEMAIO, RALPH  
Address: 15823 PHILODENDRON CIR  
City-St-Zip: DELRAY BEACH, FL 33484

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: MARCY MAZER

P

04/21/2012

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

\_\_\_\_\_  
Date