2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 26, 2006 8:00 am Secretary of State DOCUMENT # 757177 1. Entity Name 04-26-2006 90177 010 ****61.25 VILLAS OF PALM BEACH PROPERTY OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 4969 SARATOGA RD. WEST PALM BEACH FL 33415 P O BOX 16944 WEST PALM BEAHC FL 33416 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 65-0046048 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BECKER & POLIAKOFF, P.A. Street Address (P.O. Box Number is Not Acceptable) 500 AUTRALIAN AVE. SOUTH 9TH ELOOR WEST PALM BEACH FL 33401 Zip Code FL 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 reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Dué By May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. **X** Delete TITLE 🔀 Change ☐ Addition Humberto Escamilla MOREL, NOELIO NAME NAME 5026 Pimlico Court 4944 PIMLICO CT STREET ADDRESS STREET ADDRESS West Palm Brach , FL 33415 WEST PALM BEACH FL 33415 CITY-ST-ZIP CITY-ST-ZIP 💢 Delete TITLE ☐ Addition TITLE Ralph Montrone ARROYO, JOSE NAME NAME STREET ADDRESS 4576 PIMLICO CT STREET ADDRESS WEST PALM BEACH FL 33415 CITY - ST - 7/P ☐ Addition TITLE Delete TITLE NAME NEIRO, HECTOR NAME Morel Noelio STREET ADDRESS 5824 DEWBERRY WAY STREET ADDRESS 4944 fimlico Court West Palm Beach WEST PALM BEACH FL 33415 CITY-ST-ZIP CITY - ST - ZIP Change 🖬 Addition ☐ Delete TITLE TITLE Enclia Escarria NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Defete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Yord, Nochio

4/16/04 (561)439-3060

FILED