


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # 757177	
1. Entity Name	
VILLAS OF PALM BEACH PROPERTY OWNERS ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
4969 SARATOGA RD. WEST PALM BEACH FL 33415 US	P O BOX 16944 WEST PALM BEACH FL 33416 US



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE	CR2E037 (10/06)
4. FEI Number	Applied For
65-0046048	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BECKER & POLIAKOFF, P.A. 500 AUSTRALIAN AVE. SOUTH 9TH FLOOR WEST PALM BEACH FL 33401	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ (NOTE: Registered Agent Signature required when rechartering) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME ESCAMILLA, HUMBERTO STREET ADDRESS 5026 PIMLICO COURT CITY-STATE-ZIP WEST PALM BEACH FL 33415	<input type="checkbox"/> Delete	T NAME U00000720979 STREET ADDRESS 05/01/07-80126-020 61.25 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME MONTRONE, RALPH STREET ADDRESS 1763 KEENLAND CIRCLE CITY-STATE-ZIP WEST PALM BEACH FL 33415	<input type="checkbox"/> Delete	T NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD NAME NOELIO, MOREL STREET ADDRESS 4944 PIMLICO COURT CITY-STATE-ZIP WEST PALM BEACH FL 33415	<input type="checkbox"/> Delete	T NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME ESCARRIA, ENELIA STREET ADDRESS 1789 KEENLAND CIRCLE CITY-STATE-ZIP WEST PALM BEACH FL 33415	<input type="checkbox"/> Delete	T NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	T NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	T NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Enelia Escamilla Enelia Escamilla 4/16/07 (904) 439-3060