

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90040 023 ****61.25

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1. Entity Name

**VILLAS OF PALM BEACH PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business

4969 SARATOGA RD.
WEST PALM BEACH FL 33415
US

Mailing Address

P O BOX 16944
WEST PALM BEACH FL 33416
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0046048

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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 *Becker & Poliakoff, P.A.*

Street Address (P.O. Box Number is Not Acceptable)

625 North Flagler Drive

7th Floor

City *West Palm Beach*

FL

Zip Code *33401*

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)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

T
NAME ESCAMILLA, HUMBERTO ☐ Delete
STREET ADDRESS 5026 PIMLICO COURT
CITY-ST-ZIP WEST PALM BEACH FL 33415

P
NAME MONTRONE, RALPH ☐ Delete
STREET ADDRESS 1763 KEENLAND CIRCLE
CITY-ST-ZIP WEST PALM BEACH FL 33415

VD
NAME NOELIO, MOREL ☐ Delete
STREET ADDRESS 4944 PIMLICO COURT
CITY-ST-ZIP WEST PALM BEACH FL 33415

S
NAME ESCARRIA, ENELIA ☐ Delete
STREET ADDRESS 1789 KEENLAND CIRCLE
CITY-ST-ZIP WEST PALM BEACH FL 33415

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Linda Day Linda Day

3/14/08 (561)439-3060