

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757177

FILED
Mar 27, 2009
Secretary of State

Entity Name: VILLAS OF PALM BEACH PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4969 SARATOGA RD.
WEST PALM BEACH, FL 33415 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 16944
WEST PALM BEACH, FL 33416 US

New Mailing Address:

P O BOX 16944
WEST PALM BEACH, FL 33416 US

FEI Number: 65-0046048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
625 NORTH FLAGLER DRIVE
7TH FLOOR
WEST PALM BEACH, FL 33401 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: T () Delete
Name: ESCAMILLA, HUMBERTO
Address: 5026 PIMLICO COURT
City-St-Zip: WEST PALM BEACH, FL 33415

Title: P () Delete
Name: MONTRONE, RALPH
Address: 1763 KEENLAND CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VD () Delete
Name: NOELIO, MOREL
Address: 4944 PIMLICO COURT
City-St-Zip: WEST PALM BEACH, FL 33415

Title: S () Delete
Name: ESCARRIA, ENELIA
Address: 1789 KEENLAND CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LINDA DAY

T

03/27/2009

Electronic Signature of Signing Officer or Director

Date