2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #758303

CITY-ST-ZIP

ADAMS HOUSE HOMEOWNERS' ASSOCIATION, INC.



Mailing Address Principal Place of Business ADAMS HOUSE C/O LIST MANAGEMENT ADAMS HOUSE C/O LIST MANAGEMENT 223 SUNSET AVENUE, SUITE 110 223 SUNSET AVENUE, SUITE 110 PALM BEACH, FL 33480 PALM BEACH, FL 33480 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03282008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2385310 City & State City & State Applied For Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANDERSON, JOHN Street Address (P.O. Box Number is Not Acceptable) **423 CHILEAN AVENUE** WEST PALM BEACH, FL 33480 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11 VPD . TITLE ☐ Delete TITLE ☐ Change Addition NAME MATTHEWS, BETSY K NAME 417 CHILEAN AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH, FL 33480 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME DENTON, VICKIE NAME STREET ADDRESS STREET ADDRESS **421 CHILEAN AVE** PALM BCH., FL CITY-ST-ZIP CITY-ST-ZIP 00000. Change ☐ Addition TITLE TD ☐ Delete TITLE BELISLE, MICHAEL NAME STREET ADDRESS STREET ADDRESS 419 CHILEAN AVE PALM BEACH, FL 33480 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Addition PD ☐ Delete TITLE ANDERSON, JOHN NAME NAME **423 CHILEAN AVE** STREET ADDRESS STREET ADDRESS PALM BEACH, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

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

Daytime Phone #

FILED

Apr 07, 2008 8:00 am Secretary of State

04-07-2008 90043 013 ****61.25