

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90041 045 ****61.25

DOCUMENT # 762169

1. Entity Name
PARLIAMENT GOLF VILLAS CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
123 N CONGRESS AVE
#132
BOYNTON BEACH, FL 33426

Mailing Address
123 N CONGRESS AVE
#132
BOYNTON BEACH, FL 33426

40067630



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

3. Mailing Address

223 Sunset Ave.

03282008 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.
110

City & State

City & State
Palm Beach Fl

4. FEI Number
59-2237456

Applied For
Not Applicable

Zip

Country

Zip

Country

33480

USA

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

J.A.N. PROPERTY MGMT INC
123 N CONGRESS AVE
BOYNTON BEACH, FL 33426

7. Name and Address of New Registered Agent

Name LIST MANAGEMENT Co

Street Address (P.O. Box Number is Not Acceptable)
223 SUNSET AVE # 110

City PALM BEACH FL 33480

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

MARTIN LIST, ASSN MGR

3-31-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing 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

TITLE	P	<input type="checkbox"/> Delete
NAME	GUTTENTAG, SALLY	
STREET ADDRESS	2451 PRESIDENTIAL WAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHAFFTEL, STUART	
STREET ADDRESS	2435E PRESIDENTIAL WAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	P	<input type="checkbox"/> Delete
NAME	WALSEY, CHARLES	
STREET ADDRESS	2517 B PRESIDENTIAL WAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHAPIRO, HARRIET	
STREET ADDRESS	2501 A PRESIDENTIAL WAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHIRCHISDO, LEONARD	
STREET ADDRESS	2435 D PRESIDENTIAL WAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HAAS, JOHN	
STREET ADDRESS	2501 C PRESIDENTIAL WAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/08
Date

Daytime Phone #