

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90197 008 ***150.00

DOCUMENT # G33108

1. Entity Name
FLORIDA PROPERTIES OF THE PALM BEACHES, INC.



Principal Place of Business
**4500 PGA BLVD.
SUITE 206
PALM BEACH GARDENS, FL 33418**

Mailing Address
**4500 PGA BLVD.
SUITE 206
PALM BEACH GARDENS, FL 33418**



03222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2295346	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**OWEN, JACK B
4500 PGA BLVD
SUITE 206
PALM BCH. GAR., FL 33418**

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	KAIRALLA, ROBERT S.
STREET ADDRESS	4500 PGA BLVD., STE 206
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	DVST
NAME	DIVOSTA, GUY M
STREET ADDRESS	4500 PGA BLVD., STE 206
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	DP
NAME	OWEN, JACK B
STREET ADDRESS	4500 PGA BLVD., STE 206
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 607, 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: Jack B. Owen, Jr. **Jack B. Owen, Jr.** 4/4/06 561/691-9050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #