


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H17154</b> 1. Entity Name COMMUNITIES MANAGEMENT CO. OF PALM BEACH	
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Principal Place of Business 1555 PALM BCH. LKS. BLVD. #1100 WEST PALM BEACH, FL 33401-2357	Mailing Address C/O FLORIDA MANAGEMENT COMPANY P.O. BOX 3267 WEST PALM BEACH, FL 33402
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01052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2444870	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  ECCLESTONE, E. LLWYD, JR. 1555 PALM BCH. LKS. BLVD. SUITE 1100 WEST PALM BEACH, FL 33401
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<b>DO NOT WRITE IN THIS SPACE</b>
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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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD ECCLESTONE, E. LLWYD JR. 1555 PALM BCH LKS BLVD. WEST PALM BEACH FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V QUEEN, SUSAN M. 1555 PALM BCH LKS BLVD. WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GAMMON, NANNETTE 1555 PALM BCH LKS BLVD. W. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTEV COOPER, RON 1555 PALM BCH LKS BLVD. WEST PALM BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000601628 01/26/07-80057-013 158.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:  Ron Cooper 1/22/07 561-686-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone