

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005590

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** PARCELS 27.05 AND 27.06 PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4300 CATALFUMO WAY N  
PALM BEACH GARDENS, FL 334104248 US

**New Principal Place of Business:**

**Current Mailing Address:**

4300 CATALFUMO WAY N  
PALM BEACH GARDENS, FL 334104248 US

**New Mailing Address:**

**FEI Number:** 82-0541602

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CATALFUMO MANAGEMENT & INVESTMENT, INC.  
4300 CATALFUMO WAY  
PALM BEACH GARDENS, FL 33410 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: D ( ) Delete  
Name: DELANGE, GREG  
Address: 2865 PGA BOULEVARD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D ( ) Delete  
Name: KARP, DEBBIE  
Address: 2875 PGA BOULEVARD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D ( ) Delete  
Name: CALDWELL, CINDY  
Address: 2801 PGA BOULEVARD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**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:

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: GREG DELANGE

D

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date