

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90004 047 \*\*\*\*61.25

40025304



02092007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-1062085 Applied For Not Applicable

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

## 6. Name and Address of Current Registered Agent

ASSOCIATED PROPERTY MANAGEMENT  
1928 LAKE WORTH RD  
LAKE WORTH, FL 33461

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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

**Filing Fee is \$61.25  
Due by May 1, 2007**

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	PALMER, BRYAN W	
STREET ADDRESS	2433 WESTMONT DR	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, RONALD	
STREET ADDRESS	2415 WESTMONT DR	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	BOYD, GERARD	
STREET ADDRESS	2401 WESTMONT DR	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, GERALD	
STREET ADDRESS	2401 WESTMONT DR.	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, JENNIFER	
STREET ADDRESS	2435 WESTMONT DR.	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARDNER, ROHAN	
STREET ADDRESS	2501 GLENDALE DR.	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHALK, TIMOTHY	
STREET ADDRESS	2532 GLENDALE CT.	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
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

Date

Daytime Phone #

2/19/07 561-714-9011