
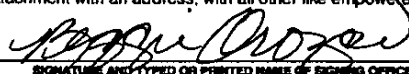


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90153 031 ****61.25

| | | | | | |
|---|-------------------------------|--|---|---|--|
| DOCUMENT # N01000000750 1. Entity Name VILLAS AT PALM SPRINGS HOMEOWNERS ASSOCIATION, INC. | | | |  | |
| Principal Place of Business P.O. BOX 24-3399 BOYNTON BEACH, FL 33424-3399 | | | Mailing Address P.O. BOX 24-3399 BOYNTON BEACH, FL 33424-3399 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-6754652 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent FEICHT, VICKI 1375 GATEWAY BLVD BOYNTON BEACH, FL 33426 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete | TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DAZZO, MICHAEL | | NAME | Reggie Orozco | |
| STREET ADDRESS | 392 N. PALM VILLAS WAY | | STREET ADDRESS | 304 N. PALM VILLAS WAY | |
| CITY-ST-ZIP | PALM SPRINGS, FL 33461 | | CITY-ST-ZIP | PALM SPRINGS, FL 33461 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | TITLE | STD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FANEGO, MERCEDES | | NAME | Judy CHANDLER | |
| STREET ADDRESS | 160 S PALM VILLAS WAY | | STREET ADDRESS | 308 N. PALM VILLAS WAY | |
| CITY-ST-ZIP | PALM SPRINGS, FL 33461 | | CITY-ST-ZIP | PALM SPRINGS, FL 33461 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | REYNOLDS, BARBARA | | NAME | KEVIN LOWE | |
| STREET ADDRESS | 364 N. PALM VILLAS WAY | | STREET ADDRESS | 340 N. PALM VILLAS WAY | |
| CITY-ST-ZIP | PALM SPRINGS, FL 33461 | | CITY-ST-ZIP | PALM SPRINGS, FL 33461 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | JAYA SATYAL | |
| STREET ADDRESS | | | STREET ADDRESS | 396 N. PALM VILLAS WAY | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | PALM SPRINGS, FL 33461 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <small>Date</small> | | | | | |
| <small>Daytime Phone #</small> | | | | | |