


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-06-2006 90021 040 ****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		4. FEI Number 59-6754652	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FEICHT, VICKI 1375 GATEWAY BLVD BOYNTON BEACH FL 33426			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 fee if applicable. (NOTE: Registered Agent signature required when returning)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OROZCO, REGGIE		NAME		
STREET ADDRESS	304 N PALM VILLAS WAY		STREET ADDRESS		
CITY- ST- ZIP	PALM SPRINGS FL 33461		CITY- ST- ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHANDLER, JUDY		NAME		
STREET ADDRESS	308 N PALM VILLAS WAY		STREET ADDRESS		
CITY- ST- ZIP	PALM SPRINGS FL 33461		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOWE, KEVIN		NAME		
STREET ADDRESS	340 N PALM VILLAS WAY		STREET ADDRESS		
CITY- ST- ZIP	PALM SPRINGS FL 33461		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SATYAL, JAYA		NAME		
STREET ADDRESS	396 N PALM VILLAS WAY		STREET ADDRESS		
CITY- ST- ZIP	PALM SPRINGS FL 33461		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	LISET V.P. LOWE	
STREET ADDRESS			STREET ADDRESS	340 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 exemptions contained in Section 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: <u><i>Reggie Orozco</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date _____ Daytime Phone # _____		



ATTACHMENT

66006177

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 8, 2006

VILLAS AT PALM SPRINGS HOMEOWNERS ASSOCIATION, INC.
P.O. BOX 24-3399
BOYNTON BEACH, FL 33424-3399

Subject: VILLAS AT PALM SPRINGS HOMEOWNERS ASSOCIATION, INC.

Reference Number: N01000000750

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the street address of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JD

ANNUAL REPORTS SECTION