

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90219 020 ****61.25

DOCUMENT # N01094

1. Entity Name

SOCIETY HILL HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

CMC MANAGEMENT
2994 JOG RD STE B
GREENACRES FL 33467
US

Mailing Address

CMC MANAGEMENT
2994 JOG RD STE B
GREENACRES FL 33467
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2469336

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GERRISH, SCOT A
CMC MANAGEMENT, INC
2994 JOG RD STE B
GREENACRES FL 33467

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

Scot Gerrish 4/12/05

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME HOLMES, MICHELLE ✓
STREET ADDRESS 850-B HILL DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE VPD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME STANILAND, JOHN ✓
STREET ADDRESS 779-C HILL DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE PB ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 2VD ☐ Delete
NAME ALBERTSON, ANDREA
STREET ADDRESS 833-A HILL DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE D ☐ Change ☒ Addition
NAME Bctz, Linda
STREET ADDRESS 5022-D Society Place East
CITY-ST-ZIP West Palm Beach, FL 33415

TITLE STD ☐ Delete
NAME WEISS, WENDY ✓
STREET ADDRESS 833-D HILL DR
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: ✓

John Staniland
PRESIDENT 4/18/05

4/18/05

(561) 641-1014

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

(Date)

Daytime Phone #