

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90032 042 ****61.25

DOCUMENT # N01094

1. Entity Name
SOCIETY HILL HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**2950 JOG RD
GREENACRES, FL 33467 US**

Mailing Address
**2950 JOG RD
GREENACRES, FL 33467 US**

40043783



02222008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**DICKER, EDWARD ESQ.
1818 AUSTRALIAN AVE S STE 400
W PALM BCH, FL 33409**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FRASH, LYNNETTE
5041-G SOCIETY PLACE EAST
WEST PALM BEACH, FL 33415**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: ✓ *Michelle Holmes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/08
Date

*(561)
641-1016*
Daytime Phone #