

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

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000002971 1. Entity Name ROOSEVELT PALMS HOMEOWNERS ASSOCIATION INC.					
Principal Place of Business 1732 ROOSEVELT STREET UNIT B HOLLYWOOD FL 33020			Mailing Address 1732 ROOSEVELT STREET UNIT B HOLLYWOOD FL 33020		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 01-0681104			Applied For ☐ Not Applied		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent STEWART, JAMES B 1732 ROOSEVELT STREET UNIT B HOLLYWOOD FL 33020			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 reappointing)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	PD STEWART, JAMES B 1732 ROOSEVELT STREET UNIT B HOLLYWOOD FL 33020	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GADELRAE, PHILIP 1732 ROOSEVELT STREET UNIT C HOLLYWOOD FL 33020	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOEL, CRAIG 1732 ROOSEVELT STREET UNIT A HOLLYWOOD FL 33020	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAKOWSKI, ROBERT 1732 ROOSEVELT ST UNIT D HOLLYWOOD FL 33020	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			

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.