

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90305 031 \*\*\*\*61.25

**60024616**



03062006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N02000005132</b>					
<b>1. Entity Name</b> SCRIBNER VILLAGE HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD, SUITE 309 LAKE WORTH, FL 33463			<b>Mailing Address</b> G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD, SUITE 309 LAKE WORTH, FL 33463		
<b>2. Principal Place of Business</b> WELLINGTON MANAGEMENT Suite, Apt. #, etc. 3461-B FAIRLANE FARMS RD City & State WELLINGTON, FL Zip 33414 Country USA		<b>3. Mailing Address</b> WELLINGTON MANAGEMENT Suite, Apt. #, etc. 3461-B FAIRLANE FARMS RD City & State WELLINGTON, FL Zip 33414 Country USA			
<b>4. FEI Number</b> 68-0520572			Applied For <input type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> LEVINE, JAY S ESQ LEVINE AND BURR, ATTORNEYS 3300 PGA BLVD STE 530 PALM BEACH GARDENS, FL 33410			<b>7. Name and Address of New Registered Agent</b> Name <b>NEWSOME, JOHN</b> Street Address (P.O. Box Number is Not Acceptable) WELLINGTON MANAGEMENT INC 3461-B FAIRLANE FARMS RD City <b>WELLINGTON</b> FL Zip Code <b>33414</b>		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOCHMAN, MARTIN 2499 SAWYER TERRACE WELLINGTON, FL 33414	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAFFIN, SCOTT 2670 SAWYER TERRACE WELLINGTON, FL 33414	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROMANELLI, PETER 2491 SAWYER TERRACE WELLINGTON, FL 33414	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>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.</b>			SIGNATURE:		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>04-04-06</b> Daytime Phone #		