

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90052 007 ****61.25

DOCUMENT # N03000001708

1. Entity Name
**PALMS-WELLINGTON PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**15875 BRITTEN LANE
WELLINGTON, FL 33414**

Mailing Address
**15875 BRITTEN LANE
WELLINGTON, FL 33414**

DO NOT WRITE IN THIS SPACE



01192007 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-3115394

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**JAFFE, ILONA T
15875 BRITTEN LANE
WELLINGTON, FL 33414**

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JAFFE, DENNIS J
STREET ADDRESS	15875 BRITTEN LANE
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	SD
NAME	JAFFE, ILONA T
STREET ADDRESS	15875 BRITTEN LANE
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	VD
NAME	ALEXANDER, W. KIRK
STREET ADDRESS	10131 W. FOREST HILL BLVD.
CITY-ST-ZIP	WEST PALM BEACH, FL 33414
TITLE	D
NAME	SCHMIDT, FREDERICK J
STREET ADDRESS	8233-18 GATOR LANE
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/07