

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90037 035 ****61.25

40013340



01292006 Chg-NP CR2E037 (11/05)

4. FEI Number
16-1695634

Applied For
Not Applicable

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

DOCUMENT # N03000001746

1. Entity Name
VILLA PALMA AT NORTHLAKE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**301 CAMINO GARDENS BLVD
SUITE 200
BOCA RATON, FL 33432**

Mailing Address
**301 CAMINO GARDENS BLVD
SUITE 200
BOCA RATON, FL 33432**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent
**GAUDET, LYNNE
123 NW 13 STREET STE 300
BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent
Name **Jayne Gelfand**
Street Address (P.O. Box Number is Not Acceptable)
clo Glen Management Services
301 W. Camino Gardens Blvd Ste 200
City **Boca Raton** FL Zip Code **33432**

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 *Jayne Gelfand* DATE **2/1/06**
(NOTE: Registered Agent signature required when reinstating)

Filing 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	PD	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUADET, LYNNE		NAME	Ann Parkhurst	
STREET ADDRESS	123 NW 23 ST STE 300		STREET ADDRESS	9186 Villa Palma Lane	
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, GREG		NAME	JOANNA LANG	
STREET ADDRESS	123 NW 23 ST STE 300		STREET ADDRESS	9097 Villa Palma Lane	
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YUTER, RON		NAME	Walter Martinez	
STREET ADDRESS	123 NW 23 ST STE 300		STREET ADDRESS	9115 Villa Palma Lane	
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE		<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Alex Fernandez	
STREET ADDRESS			STREET ADDRESS	4516 Thornwood Circle	
CITY-ST-ZIP			CITY-ST-ZIP	Boca Raton, FL 33418	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Jayne Gelfand* DATE **2/8/06** DAYTIME PHONE # **561-392-0977**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR