


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90082 014 \*\*\*\*61.25

<b>DOCUMENT # N03000001746</b> 1. Entity Name <b>VILLA PALMA AT NORTHLAKE HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>301 CAMINO GARDENS BLVD SUITE 200 BOCA RATON, FL 33432</b>		Mailing Address <b>301 CAMINO GARDENS BLVD SUITE 200 BOCA RATON, FL 33432</b>	
2. Principal Place of Business - No P.O. Box # <b>6300 Port of Commerce Blvd</b> Suite, Apt. #, etc.		3. Mailing Address <b>6300 Port of Commerce Blvd</b> Suite, Apt. #, etc.	
City & State <b>Boca Raton, FL</b>		City & State <b>Boca Raton, FL</b>	
Zip <b>33487</b>		Country <b>USA</b>	
4. FEI Number <b>16-1695634</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>GELFAND, JAYME C/O GLEN MANAGEMENT SVCS. BOCA RATON, FL 33432</b>		7. Name and Address of New Registered Agent <b>Prime Management Group 6300 Port of Commerce Blvd. Boca Raton, FL 33487</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.			
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, 2007</b>		9. Election Campaign Financing 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	P PARKHURST, PAM 9186 BILLA PALMA LN PALM BEACH GARDENS, FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LANG, JOANN 9097 VILL PALMA LN PALM BEACH GARDENS, FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTINEZ, WALTER 9115 VILLA PALMA LN PALM BEACH GARDENS, FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERNANDEZ, ALEX 4516 THORNWOOD CIR PALM BEACH GARDENS, FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lutrin, David 4505 Thornwood Cir Palm Beach Gardens, FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Michael Cox 9145 Villa Palma Lane Palm Beach Gardens, FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dominick Laguna 9096 Villa Palma Lane Palm Beach Gardens, FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 reports 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:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	

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