2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N03000001746

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

Current Principal Place of Business:

6300 PARK OF COMMERCE
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

6300 PARK OF COMMERCE
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 16-1695634 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRIME MANAGEMENT GROUP
6300 PARK OF COMMERCE
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	PARKHURST, PAM	
Address:	9186 BILLA PALMA LN	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	D	( ) Delete
Name:	LAUNA, DOMINICK	
Address:	9096 VILLA PALMA LN	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	S	( ) Delete
Name:	LANG, JOANN	
Address:	9097 VILLA PALMA LN	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	D	( ) Delete
Name:	RAUSCH, MARK	
Address:	9210 VILLA PALMA LN	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	P	( ) Delete
Name:	COX, MICHAEL	
Address:	9145 VILLA PALMA LANE	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	T	( ) Delete
Name:	WARE, WILLIAM	
Address:	9127 VILLA PALMA LN	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL COX P 01/20/2009

Electronic Signature of Signing Officer or Director — Date