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N03000002523

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000002523

1. Entity Name
PONZA PLACE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~1401 LANDS END~~ RD 4095 Ponza Place ~~MANALAPAN, FL~~ 33462 Lake Worth Fla 33462	4095 Ponza Place ~~1401 LANDS END~~ RD ~~MANALAPAN, FL~~ 33462 Lake Worth Fla 33462

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02082007 Chg-NP CR2E037 (12/06)

4. FEI Number 42-1607002 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~ABBENANTE, RALPHE~~ Linda Shovick ~~1401 LANDS END~~ RD 4095 Ponza Place ~~MANALAPAN, FL~~ 33462 Lake Worth Fla 33462	Name: Linda Shovick Street Address (P.O. Box Number is Not Acceptable): 4095 Ponza Place Lake Worth Fla City: FL Zip Code: 33462

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 Linda Shovick 2-16-07
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	**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Linda Shovick 4095 Ponza Place 33462 Lake Worth Fla	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Gomer AFAicano 4103 Ponza Place Lake Worth Fla 33462	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer anthony Vitale 4119 Ponza Place Lake Worth Fla 33462	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

FILED
2007 FEB 22 A 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Linda Shovick 2/16/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #