

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

3. Mar 19, 2008 8:00 am
Secretary of State

03-03-2008 90194 048 ****61.25

DOCUMENT # N03000002523 1. Entity Name PONZA PLACE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 4095 PONZA PLACE LAKE WORTH FL 33462			Mailing Address 4095 PONZA PLACE LAKE WORTH FL 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	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 SHOVICK, LINDA 4095 PONZA PLACE LAKE WORTH FL 33462	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ DATE _____ Signature, typed or printed name of registered agent and date of acceptance. (NOTE: Registered Agent signature required when filing this statement.)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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	P SHOVICK, LINDA <i>Grimeson</i> ☐ Delete 4095 PONZA PLACE LAKE WORTH FL 33462		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <i>Linda Grimeson</i> ☒ Change ☐ Addition 4095 Ponza Place Lake Worth, Fla. 33462	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S AFRICANO, GENA ☐ Delete 4103 PONZA PLACE LAKE WORTH FL 33462		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <i>Kimberly Travaglini</i> ☐ Change ☐ Addition 4135 Ponza Place Lake Worth Fla 33462	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T VITALE, ANTHONY ☐ Delete 4119 PONZA PLACE LAKE WORTH FL 33462 <i>same</i>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <i>Anthony Vitale</i> ☐ Change ☐ Addition 4119 Ponza Place Lake Worth Fla 33462	
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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 517, 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: <i>Linda Grimeson</i> 3/16/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					