

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90097 009 \*\*\*\*70.00

DOCUMENT # N03000004549

1. Entity Name  
HISTORIC PROSPECT PARK - MONCEAUX HOME  
OWNERS ASSOCIATION, INC.



Principal Place of Business  
334 MARLBOROUGH ROAD  
WEST PALM BEACH, FL 33405

Mailing Address  
PO BOX 6354  
WEST PALM BEACH, FL 33405

**50011492**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01252005 Chg-NP CR2E037 (10/03)

4. FEI Number  
13-4253183

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

BROWN, RICHARD  
334 MARLBOROUGH ROAD  
WEST PALM BEACH, FL 33405

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

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, 2005

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 D  
NAME HOLVEY-LINDER, LESLIE  
STREET ADDRESS 112 ROOSEVELT PLACE  
CITY- ST- ZIP WEST PALM BEACH, FL 33405 ☐ Delete

TITLE TD  
NAME BYRNES, PAT  
STREET ADDRESS 326 AVILA ROAD  
CITY- ST- ZIP WEST PALM BEACH, FL 33405 ☐ Change ☒ Addition

TITLE PD  
NAME HOLLOWAY, MARION  
STREET ADDRESS 3209 WASHINGTON ROAD  
CITY- ST- ZIP WEST PALM BEACH, FL 33405 ☐ Delete

TITLE D  
NAME STARBUCK-MILLER, LORI  
STREET ADDRESS 118 ROOSEVELT PLACE  
CITY- ST- ZIP WEST PALM BEACH, FL 33405 ☐ Change ☒ Addition

TITLE VD  
NAME DENESS, STEVEN  
STREET ADDRESS 3217 VINCENT ROAD  
CITY- ST- ZIP WEST PALM BEACH, FL 33405 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE TD  
NAME MCLAUGHLIN, CAROL  
STREET ADDRESS 232 MARLBOROUGH ROAD  
CITY- ST- ZIP WEST PALM BEACH, FL 33405 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE SD  
NAME BROWN, ROCHARD  
STREET ADDRESS 334 MARLBOROUGH ROAD  
CITY- ST- ZIP WEST PALM BEACH, FL 33405 ☐ Delete

TITLE  
NAME This name should read:  
STREET ADDRESS Brown, Richard  
CITY- ST- ZIP From Box 10, adjacent column ☐ Change ☐ Addition

TITLE D  
NAME YOUNG, JAMES  
STREET ADDRESS 3120 WASHINGTON ROAD  
CITY- ST- ZIP WEST PALM BEACH, FL 33405 ☐ 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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Brown, SD,

(561) 659-5136

Date

Daytime Phone #