

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90156 048 ****61.25

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**

2. Principal Place of Business

3209 Washington Rd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

Zip

33405

Country

Zip

Country

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

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

7. Name and Address of New Registered Agent

Name **Marion S. Holloway**

Street Address (P.O. Box Number is Not Acceptable)

3209 Washington Rd.

City

West Palm Beach

FL

Zip Code
33405

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

Marion S. Holloway
Signature (typical printed name of registered agent and not applicable)

(NOTE: Registered Agent signature required when reappointing)

MARION S HOLLOWAY

4/26/06
DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

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

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

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

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

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

TITLE **D** ☐ Delete
NAME **YOUNG, JAMES**
STREET ADDRESS **3120 WASHINGTON ROAD**
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Clare Goyette**
STREET ADDRESS **3217 Vincent Rd.**
CITY-ST-ZIP **West Palm Beach, FL 33405**

TITLE **Director** ☐ Change ☒ Addition
NAME **Ted Ward**
STREET ADDRESS **100 Royal Palm Way**
CITY-ST-ZIP **West Palm Beach, FL 33405**

TITLE **Director** ☐ Change ☒ Addition
NAME **Russell Glace**
STREET ADDRESS **333 Monceaux Rd.**
CITY-ST-ZIP **West Palm Beach, FL 33405**

TITLE **Director** ☐ Change ☒ Addition
NAME **Ron Byrnes**
STREET ADDRESS **326 Avila Rd.**
CITY-ST-ZIP **West Palm Beach, FL 33405**

TITLE **Director** ☐ Change ☒ Addition
NAME **Robin Rockwell**
STREET ADDRESS **3140 Washington Road**
CITY-ST-ZIP **West Palm Beach, FL 33405**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Pat Byrnes**
STREET ADDRESS **326 Avila Rd.**
CITY-ST-ZIP **West Palm Beach, FL 33405**

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 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: *Marion S. Holloway* **MARION HOLLOWAY** *4/26/06* **561-820-9109**