2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007
Secretary of State

DOCUMENT# N03000004549

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

Current Principal Place of Business:

3209 WASHINGTON ROAD
WEST PALM BEACH, FL 33405

New Principal Place of Business:

Current Mailing Address:

PO BOX 6354
WEST PALM BEACH, FL 33405

New Mailing Address:

FEI Number: 13-4253183 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLLOWAY, MARION S
3209 WASHINGTON RD
WEST PALM BEACH, FL 33405 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: S ( ) Delete
Name: GOYETTE, CLARE
Address: 3217 VINCENT RD
City-St-Zip: WEST PALM BEACH, FL 33405

Title: PD ( ) Delete
Name: HOLLOWAY, MARION
Address: 3209 WASHINGTON ROAD
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D ( ) Delete
Name: WARO, TED
Address: 100 ROYAL PALM WAY
City-St-Zip: WEST PALM BEACH, FL 33405

Title: TD ( ) Delete
Name: PYRNES, PAT
Address: 326 AVILA ROAD
City-St-Zip: WEST PALM BEACH, FL 33405

Title: T ( ) Delete
Name: BYRNES, PAT
Address: 325 AVILA RD
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D ( ) Delete
Name: YOUNG, JAMES
Address: 3120 WASHINGTON ROAD
City-St-Zip: WEST PALM BEACH, FL 33405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: WARD, TED
Address: 100 ROYAL PALM WAY
City-St-Zip: WEST PALM BEACH, FL 33405

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 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: PAT BYRNES TD 01/12/2007

Electronic Signature of Signing Officer or Director — Date