


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000007341	
1. Entity Name SANTA MARIA VILLAGE PROPERTY OWNERS ASSOCIATION, INC.	

Principal Place of Business 626 N DIXIE HWY WEST PALM BEACH, FL 33401	Mailing Address 626 N DIXIE HWY WEST PALM BEACH, FL 33401
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DO NOT WRITE IN THIS SPACE



02082005 No Chg-NP CR2E037 (10/03)

4. FEI Number 55-0845264	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COPPOCK, MARK 626 N DIXIE HWY WEST PALM BEACH, FL 33401
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IN THIS SPACE**

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 <i>Mark S. Coppock, MARK S. Coppock, v.p.</i> DATE <i>2-17-05</i>

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000309335 04/16/05-80033-014 61.25
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10. OFFICERS AND DIRECTORS	
TITLE <input checked="" type="checkbox"/>	PD
NAME	COPPOCK, MARK
STREET ADDRESS	626 N DIXIE HWY
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE <input checked="" type="checkbox"/>	VD
NAME	DE AZQUETA, LIAN F
STREET ADDRESS	626 N DIXIE HWY
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE <input checked="" type="checkbox"/>	STD
NAME	PORTUONDO, AURELIO
STREET ADDRESS	ONE N CLEMATIS ST, STE 200
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Mark S. Coppock, MARK S. Coppock</i> DATE <i>2-17-05</i> 561-366-5022
