

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90210 012 \*\*\*\*61.25

**DOCUMENT # N03000008543**

1. Entity Name  
**HOMEOWNERS' ASSOCIATION OF PALISADES, IN C.**



Principal Place of Business  
**600 W. HILLSBORO BLVD., STE. #101  
DEERFIELD BEACH, FL 33441**

Mailing Address  
**600 W. HILLSBORO BLVD., STE. #101  
DEERFIELD BEACH, FL 33441**

**40083365**



2. Principal Place of Business

**Pointe Management Group**

Suite, Apt. #, etc.  
**75 NE 10th Ave #206**

City & State  
**Deerfield Beach, FL**

Zip  
**33483**

Country  
**US**

3. Mailing Address

**Pointe Management Group**

Suite, Apt. #, etc.  
**75 NE 10th Ave #206**

City & State  
**Deerfield Beach, FL**

Zip  
**33483**

Country  
**US**

03142006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3083229**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, SCOTT F  
600 W. HILLSBORO BLVD., STE. #101  
DEERFIELD BEACH, FL 33441**

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

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
SMITH, SCOTT F  
600 W. HILLSBORO BLVD., STE. #101  
DEERFIELD BEACH, FL 33441** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTD  
HILLS, JAMES R  
600 W. HILLSBORO BLVD., STE. #101  
DEERFIELD BEACH, FL 33441** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
EHRlich, MICHAEL E  
600 W. HILLSBORO BLVD., STE. #101  
DEERFIELD BEACH, FL 33441** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
Benoit, Delina  
1755 Palisades Drive  
West Palm Beach, FL 33411** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
LEE, WENDY  
1837 Palisades Drive  
West Palm Beach, FL 33411** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
Piqueras, Susan  
1845 Palisades Drive  
West Palm Beach, FL 33411** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
Lista, Carol  
1754 Palisades Drive  
West Palm Beach, FL 33411** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Grosso, John  
1858 Palisades Drive  
West Palm Beach, FL 33411** ☐ Change ☒ Addition

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 Chapter 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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/27/06**

Date

Daytime Phone #