

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000003904

1. Entity Name

EMBASSY PLACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**1950 PRESIDENTIAL WAY
WEST PALM BEACH, FL 33401**

Mailing Address

**1950 PRESIDENTIAL WAY
WEST PALM BEACH, FL 33401**

DO NOT WRITE IN THIS SPACE



01032008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

00-6177892

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FISKE, PRISCILLA P
1950 PRESIDENTIAL WAY
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000775283
01/08/08-80022-013 61.25

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **BENGTSON, ANDERS**
STREET ADDRESS **1950 PRESIDENTIAL WAY, UNIT #11**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **S/T**
NAME **NISSIM, IAN**
STREET ADDRESS **1950 PRESIDENTIAL WAY, UNIT #5**
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE
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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 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-08

Date

564/683-1001

Daytime Phone #