

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # N04000005555

1. Entity Name



**CABBAGE WOODS RANCHES PROPERTY OWNERS
ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**390-2 BUSINESS PARKWAY
2A
WEST PALM BEACH FL 33411**

**390-2 BUSINESS PARKWAY
2A
WEST PALM BEACH FL 33411**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-4767258

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOTILALL, MAKESHWAR F
19181 GREEN GROVE COURT
LOXAHATCHEE FL 33470**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '0

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MOTILALL, MAKESHWAR F**
CITY-STATE-ZIP **19181 GREEN GROVE COURT
LOXAHATCHEE FL 33470**

☐ Change ☐ Addition
NAME **U000000751358**
STREET ADDRESS **05/18/07-80100-003 211.25**
CITY-STATE-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MOTILALL, RISHIKESH R**
CITY-STATE-ZIP **10471 BARNES AVENUE
INVER GROVE MN 55077**

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **PAUL, NILWANTIE D**
CITY-STATE-ZIP **19181 GREEN GROVE COURT
LOXAHATCHEE FL 33470**

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition
NAME
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TITLE ☐ Delete
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CITY-STATE-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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 prior like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 Jan '07

561-296-4223