

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000009238

1. Entity Name
PALM BREEZES PROPERTY OWNERS ASSOCIATION, INC.



FILED

08 SEP 15 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
G.R.S. MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD., SUITE 309
LAKE WORTH, FL 33463

Mailing Address
G.R.S. MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD., SUITE 309
LAKE WORTH, FL 33463



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08292008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
20-8440284

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

RURY, JEREMY
3301 QUANTUM BLVD
BOYNTON BEACH, FL 33426

7. Name and Address of Now Registered Agent

Name
JOE GUBERTI, LLC
Street Address
G.R.S. MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD, SUITE 309
LAKE WORTH, FL 33463
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

Amended AR is \$61.25

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	D	<input checked="" type="checkbox"/> Delete
NAME	RURY, JEREMY	
STREET ADDRESS	3301 QUANTUM BLVD	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	D	<input type="checkbox"/> Delete
NAME	OVERMEYER, HEATHER	
STREET ADDRESS	2301 QUANTUM BLVD	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	D	<input type="checkbox"/> Delete
NAME	BORKENHAGEN, KEVIN	
STREET ADDRESS	3301 QUANTUM BLVD	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STEVE SWOPA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3301 QUANTUM BLVD	
STREET ADDRESS	BOYNTON BEACH, FL 33426	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100135960271	
STREET ADDRESS	09/16/08--01012--003 **61.25	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #