2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State
05-01-2008 90180 030 ****61.25

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1. Entity Name
PALOMINO EXECUTIVE PARK PROPERTY OWNERS' ASSOCIATION, INC.

66013188

04222008 Chg-NP CR2E037 (12/06)

Principal Place of Business	Mailing Address
~~235 N JOG RD~~ ~~W PALM BCH, FL 33413~~	~~235 N JOG RD~~ ~~W PALM BCH, FL 33413~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
c/o Wellington Management	c/o Wellington Management
Suite, Apt. #, etc. 3461-B Fairlane Farms Rd	Suite, Apt. #, etc. 3461-B Fairlane Farms Rd
City & State Wellington, FL 33414	City & State Wellington, FL 33414
Zip 33414 / Country	Zip 33414 / Country

4. FEI Number ~~APPLIED FOR~~ 26-1473832 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~GLICKMAN, GARRY M~~ ~~1601 FORUM PL STE 1101~~ ~~W PALM BCH, FL 33401~~	Name CHARLES W. EDGAR, III, ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 8409 N. Military Trail, Suite 123 City Palm Beach Gardens, **FL** Zip Code 33410

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 _____ CHARLES W. EDGAR, III 4-28-2008
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, 2008

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 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT APPLEBAUM, SEYMOUR 235 N JOG RD W PALM BCH, FL 33413	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition DP Raymond E. Graziotto 630 Maplewood Drive, Jupiter, FL 33458
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT APPLEBAUM, SUSAN 235 N JOG RD W PALM BCH, FL 33413	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Director Dr. Shethar Sharma 1631 Flagler Parkway W West Palm Beach, FL 33411
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OVS BLACK, ROBERT A 235 N JOG RD W PALM BCH, FL 33413	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Director Charles Posess 2375 NW. 43rd Street Boca Raton, FL 33481
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 like empowered.

SIGNATURE: _____ 4-29-08 561-625-9443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #