

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90084 048 ****61.25

DOCUMENT # N16066

1. Entity Name
**PROSPERITY GARDENS OFFICE CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**3307 NORTHLAKE BLVD
SUITE 107
WEST PALM BEACH, FL 33403 US**

Mailing Address
**3307 NORTHLAKE BLVD
SUITE 107
WEST PALM BEACH, FL 33403 US**

DO NOT WRITE IN THIS SPACE



03272007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0142552

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEWIS, WILLIAM F
3307 NORTH LAKE BLVD
SUITE 107
WEST PALM BEACH, FL 33403**

**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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLASKO, WENDY 11380 PROSPERITY FARMS, SUITE 121 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEHL, GREG 11382 PROSEPERITY FARMS RD, SUITE 123 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COREY, MICHAEL 11380 PROSPERITY FARMS RD, SUITE 214 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SELIGMAN, BRENDA 11380 PROSPENITY FARMS RD STE #210B PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELGESEN, ANDY 11380 PROSPERITY FARMS RD STE..#213 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORBES, PHILLIP 11380 PROSPERITY FARMS RD PALM BEACH GARDENS, FL 33410

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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

Date

Daytime Phone #

4/5/07 (561) 626-2778