

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90051 030 ****61.25

DOCUMENT # N22605

1. Entity Name
**SEAGULL PARK AT BREAKERS WEST HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**107 HERON PARKWAY
ROYAL PALM BEACH, FL 33411 US**

Mailing Address
**107 HERON PARKWAY
ROYAL PALM BEACH, FL 33411 US**

40047845



2. Principal Place of Business - No P.O. Box #
Associated Property Mgmt
Suite, Apt. #, etc.
1928 LAKE WORTH RD.

3. Mailing Address
Associated Property Mgmt.
Suite, Apt. #, etc.
1928 LAKE WORTH RD.

03212007 Chg-NP CR2E037 (12/06)

City & State
LAKE WORTH, FL
Zip
33461 Country

City & State
LAKE WORTH, FL
Zip
33461 Country

4. FEI Number
65-0017408 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DAVIS, BARBARA
107 HERON PKWY
WEST PALM BCH., FL 33411**

7. Name and Address of New Registered Agent

Name
ASSOCIATED PROPERTY MANAGEMENT
Street Address (P.O. Box Number is Not Acceptable)

1928 LAKE WORTH RD.
City
LAKE WORTH FL Zip Code
33461

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GONZALEZ, EDMUND
1124 SEAGULL PARK RD. N
WEST PALM BEACH, FL 33411 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SMITH, MARK
1164 SEAGULL PARK RD., N.
WEST PALM BEACH, FL 33411 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
HIRSCH, EDWARD
1108 SEAGULL RD DO
WEST PALM BEACH, FL 33411 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DAVIS, BARBARA
107 HERON PKWY
ROYAL PALM BEACH, FL 33411 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SMITH, MARK
1164 SEAGULL PARK RD. N.
WEST PALM BEACH, FL 33411 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
HIRSCH, EDWARD
1108 SEAGULL PARK RD. S.
WEST PALM BEACH, FL 33411 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-24-07 (561) 820-8100