2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 10, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # N37073 PARTE HOA, INC.							01-10-2006	_		
Principal Place of Business 2477 STONEGATE DRIVE WELLINGTON, FL 33414 Mailing Address 2477 STONEGATE DRIVE WELLINGTON, FL 33414											
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z. Principal P	Place of Business	3. Maii	ing Address					1311 FEBT 1231 1 230	IKI BIBN BIBN BI	OU OUEL EIGH OID	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01062006 Chg-NP CR2E037 (11/05)				
City & State		City & State				4. FEI Numbe 65-019				oplied For	
Zip	Zip Country		Zip (Country			of Status Desired		\$8.75 Add	ditional
	6. Name and Address of Current	t Registere	d Agent	L	T		7. Name and	Address of New	Registered	Fee Require	
VATCOTEAL		_			Name					,	
WESTFAL, ROBERT 2477 STONEGATE DRIVE WELLINGTON, FL 33414					Street Address (P.O. Box Number is Not Acceptable)						
					City			··	FL	Zip Cod	e
8. The above	named entity submits this statement f	or the purpo	ose of changing its	s register	ed office or	r reaister	ed agent, or bot	h. in the State of		familiar with.	and accept
SIGNATURE											
· · · · · · · · · · · · · · · · · · ·	Signature, typed or printed name of registered agen	it and title if appl	9. Election Car	mpaign F	inancing		when reinstating)	е		k payable t	
	Filing Fee is \$61.25 Due by May 1, 2006			mpaign F Contribut	inancing ion.	0	\$5.00 May B Added to Fees	FI	Make chec orlda Depa	rtment of S	tate
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D		9. Election Cal Trust Fund (mpaign F Contribut	Financing ion.	0	\$5.00 May B Added to Fees	FI ANGES TO OFFIC	Make chec orlda Depa	RECTORS IN	tate I 10
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Thereby certify that the information supplied with this litting 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: Relative and type of Printed Name of Signing Officer or Director 01-06-06 (561) 373-0774

Date Destine Priore 6