

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005974

FILED
Jan 27, 2005
Secretary of State

Entity Name: ALLAPATTAH PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

9425 CARLTON ROAD
FT. PIERCE, FL 34988

New Principal Place of Business:

Current Mailing Address:

P O BOX 700
BELLE GLADE, FL 33430

New Mailing Address:

FEI Number: 59-0997090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAVERGNE, TERREL J
P O BOX 700
205 SW 1ST STREET
BELLE GLADE, FL 33430 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PANTUSO, GEORGE
Address: P.O. BOX 14049
City-St-Zip: FT. PIERCE, FL 34979

Title: D () Delete
Name: LEE, GARY
Address: P.O. BOX 3967 N/A
City-St-Zip: KISSIMMEE, FL 32741

Title: DP () Delete
Name: KERR, ROBERT
Address: HWY 17 & HWY 92
City-St-Zip: DAVENPORT, FL

Title: DV () Delete
Name: WILLIAMS, STEVE
Address: P.O. BOX 730 N/A
City-St-Zip: BELLE GLADE, FL 33430

Title: D () Delete
Name: LAVERGNE, TERREL J
Address: 205 SW 1ST STREET
City-St-Zip: BELLE GLADE, FL 33430

Title: D () Delete
Name: SMITH, SANDY
Address: 15400 W. ORANGE AVENUE
City-St-Zip: FT. PIERCE, FL 34945

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: WILLIAMS, STEVEN L
Address: P.O. BOX 730 N/A
City-St-Zip: BELLE GLADE, FL 33430

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN L. WILLIAMS

DV

01/27/2005

Electronic Signature of Signing Officer or Director

Date