

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003859

FILED  
Apr 30, 2004  
Secretary of State

**Entity Name:** FAVALE ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5174 CLOVER CREEK DRIVE  
BOYNTON BEACH, FL 334371652

**New Principal Place of Business:**

**Current Mailing Address:**

5174 CLOVER CREEK DRIVE  
BOYNTON BEACH, FL 334371652

**New Mailing Address:**

**FEI Number:** 65-0790422

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POSADA, RODRIGO  
715 BEL AIR DRIVE  
PLANTATION, FL 33317 US

**Name and Address of New Registered Agent:**

GRUSHOFF & POSADA, INC  
6299 W SUNRISE BLVD  
SUITE 211A  
PLANTATION, FL 33313 US

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: RODRIGO POSADA

04/30/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FAVALE, RAFFAELE  
Address: 5174 CLOVER CREEK DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D ( ) Delete  
Name: FAVALE, RUDOLFO  
Address: 6846 SUGARLOAF KEY ST.  
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete  
Name: FAVALE, MAURICIO  
Address: 54 VIA DE CASAS  
City-St-Zip: BOYNTON BEACH, FL 33435

**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:

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: RAFFAELE FAVALE

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date