2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# N97000003859

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:

GRUSHOFF & POSADA, INC
6299 W SUNRISE BLVD
SUITE 211A
PLANTATION, FL 33313 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: 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 04/30/2005

Electronic Signature of Signing Officer or Director — Date