## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 03, 2006 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # N9800003378  1. Entity Name SARIMENTO PROPERTY OWNERS ASSOCIATION, INC.					04-03-2006 90381 026 ****70.00			
Principal Place of Business 7150 ADDISON RESERVE BLVD. DELRAY BEACH, FL 33446  Principal Place of Business 21045 COMMERCIAL TI BOCA RATON, FL 3348								
2. Principal	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03012006 <sub>C</sub>	hg-NP	CR2E037 (11/05)	
City & State		City & State			4. FEI Number 65-089960	 96	<del></del>	pplied For
Zip	Country	Zip	Country		5. Certificate of S		\$8.75 Ad Fee Require	lot Applicable
	6. Name and Address of Current	Registered Agent	<u> </u>	ئــــــ	7. Name and Add	Iress of New Re		
ICAACCO	Name				Sincion Agont			
ISAACSON, WILLIAM K 21045 COMMERCIAL TRAIL C/O LANG MANAGEMENT BOCA RATON, FL 33486			Street	Address (F	P.O. Box Number is	Not Acceptable	,	
500/1101	11011, 112 33400		City		<u></u>		FL Zip Coo	ie .
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. (NO)	E; Registered Agent sign	ature required	when reinstating)	···,.	DATE	
Filing Fee is \$61.25  Due by May 1, 2006  9. Election Campaign Final Trust Fund Contribution					\$5.00 May Be Added to Fees		ke check payable t la Department of S	
10.	OFFICERS AND DIF		11.	A	DDITIONS/CHANGI	ES TO OFFICER	S AND DIRECTORS IN	1 10
TITLE	TD	Delete	TITLE TREAS	Tos	EPH FI	RESTD 1	<b>♂</b> □ grange	TV Addition
NAME	EERNANDO, LEAL		NAME		7295			ZB / Iddition
STREET ADORESS CITY-ST-ZIP	7397 SARIMENTO PLACE DELRAY BEACH, FL 33446		STREET ADDRESS CITY-ST-ZIP	5	STRY E	NO PL	FL. 3744	6
NAME STREET ADDRESS CITY-ST-ZIP	VPS- *BERKSON, ROBERT -7379 SARIMENTO PLACE DELRAY BEACH, FL 33446	Cy Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	155	SHELLE 17 Sari	Y MODA	NSKY Change PL 33446	Addition
TITLE NAME	IGIEL, ROBERT	☐ Delete	TITLE NAME	D		<u> </u>	Change	Addition
STREET ADDRESS CITY-ST-ZIP	7396 SARIMENTO PLACE DELRAY BEACH, FL 33446		STREET ADDRESS CITY-ST-ZIP					
TITLE	SD	<b>Q</b> elete	TITLE	PRE	ĵ.		Change	Addition
NAME	HERB, DOUGLAS		NAME	, ,	_		•	_
STREET ADDRESS CITY-\$1-ZIP	7301 SARIMENTO PLACE DELRAY BEACH, FL 33446		STREET ADDRESS CITY-ST-21P	-				
TITLE	0	□ Delete	TITLE				☐ Change	Addition
NAME	ORENSTON, LOUIS		NAME					
STREET ADDRESS City-St-Zip	7354 SARAMONTO PLACE DELRAY BEACH, FL 33446		STREET ADDRESS CITY-ST-ZIP					
IIITE		☐ Delete	TITLE				☐ Change	Addition
NAME			NAME	l			∟ онапус	NAMEDII
STREET ADDRESS City-St-Zip			STREET ADDRESS CITY-ST-ZIP					-
<ol> <li>I hereby c indicated of the corp changed,</li> </ol>	ertify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee emporor on an attachment with an address, where the control of the control o	his filing does not qualify for rue and accurate and that m vered to execute this report ith all other like empowered.	the exemptions on signature shall has required by Characterist to the control of	ontained in nave the sa apter 617, i	n Chapter 119, Florid me legal effect as if Florida Statutes; and	da Statutes. I fur made under oat I that my name a	ther certify that the inf h; that I am an officer oppears in Block 10 or	ormation or director Block 11 if
SIGNATURE: 3/21/06								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cavigne Phone &								