


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90021 006 \*\*\*\*70.00

<b>DOCUMENT # N98000003378</b>	
1. Entity Name	
SARIMENTO PROPERTY OWNERS ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
7150 ADDISON RESERVE BLVD. DELRAY BEACH FL 33446	21045 COMMERCIAL TRAIL BOCA RATON FL 33486



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ISAACSON, WILLIAM K 21045 COMMERCIAL TRAIL C/O LANG MANAGEMENT BOCA RATON FL 33486		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME FIRESTONE, JOSEPH STREET ADDRESS 7295 SANIMENTO PL CITY-ST-ZIP DELRAY BEACH FL 33446	<input type="checkbox"/> Delete	S NAME Liz Simon STREET ADDRESS 7331 Sarimento Pl CITY-ST-ZIP Delray Bch FL 33446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S NAME MODANSKY, SHELLEY STREET ADDRESS 7277 SCRIMENTO PL CITY-ST-ZIP DELRAY BEACH FL 33446	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME IGIEL, ROBERT STREET ADDRESS 7396 SARIMENTO PLACE CITY-ST-ZIP DELRAY BEACH FL 33446	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME HERB, DOUGLAS STREET ADDRESS 7301 SARIMENTO PLACE CITY-ST-ZIP DELRAY BEACH FL 33446	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME ORENSTON, LOUIS STREET ADDRESS 7354 SARAMONTO PLACE CITY-ST-ZIP DELRAY BEACH FL 33446	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *X Elizabeth Simon* **4/19/2007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR