

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90197 047 \*\*\*\*61.25

**DOCUMENT # N98000005679**

1. Entity Name  
**OLD FLORIDA BUNGALOWS HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**PO BOX 15624  
PLANTATION, FL 33318 US**

Mailing Address  
**C/O A+W PROPERTY MANAGEMENT, INC.  
PO BOX 15624  
PLANTATION, FL 33318**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**65-1064622**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RONALD, D'ANNA ESQ  
% MATTLIN & MCCLOSKEY  
2300 GLADES RD., EAST 400  
BOCA RATON, FL 33431**

Name **ARLINE WALKER**  
Street Address (P.O. Box Number is Not Acceptable) **A+W PROPERTY MANAGEMENT INC**  
**773 NW 100 TERRACE**  
City **PLANTATION FL** Zip Code **33324**

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

*Arline Walker*

(NOTE: Registered Agent signature required when reinstating)

4/19/06

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **WALLACE, PATRICE**  
STREET ADDRESS **824 SE 4TH COURT**  
CITY-ST-ZIP **DEERFIELD BEACH, FL 33441**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **MCKAY, LEE ANN**  
STREET ADDRESS **826 SE 4TH COURT**  
CITY-ST-ZIP **DEERFIELD BEACH, FL 33441**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **HICKFORD, MICHELE**  
STREET ADDRESS **848 SE 4TH COURT**  
CITY-ST-ZIP **DEERFIELD BEACH, FL 33341**

TITLE **D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **CARTER, PATRICK**  
STREET ADDRESS **816 SE 4TH COURT**  
CITY-ST-ZIP **DEERFIELD BEACH, FL 33441**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition  
NAME **LINDA NICCOMI**  
STREET ADDRESS **846 SE 4th Ct**  
CITY-ST-ZIP **Deerfield BEACH FL 33441**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP D** ☐ Change ☒ Addition  
NAME **DAVID SANQUEDOLCE**  
STREET ADDRESS **822 SE 4th Ct**  
CITY-ST-ZIP **Deerfield BEACH FL 33441**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**

*Patricia Wallace*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06

DATE

954-96-2458

Daytime Phone #