

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000139521

1. Entity Name
PATAVE SOUTH COUNTY INC.



Principal Place of Business
**264 SOUTH COUNTY ROAD
PALM BEACH, FL 33480 US**

Mailing Address
**264 SOUTH COUNTY ROAD
PALM BEACH, FL 33480 US**

DO NOT WRITE IN THIS SPACE



03022008 No Chg-P CR2E034 (11/05)

4. FEI Number
77-0649251

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GATTI, PATRICIA A
18307 93RD ROAD NORTH
LOXAHATCHEE, FL 33470**

**DO NOT WRITE
IN THIS SPACE**

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

Patricia A Gatti

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WATSON, AVERY V
STREET ADDRESS	1174 WILLOW ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	VP
NAME	GATTI, PATRICIA A
STREET ADDRESS	18307 93RD ROAD NORTH
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/20/08-80007-008 158.75

**DO NOT WRITE
IN THIS SPACE**

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-2-08

561-833-9751