

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009238

Entity Name: PALM BREEZES PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**G.R.S. MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD., SUITE 309
LAKE WORTH, FL 33463**Current Mailing Address:**G.R.S. MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD., SUITE 309
LAKE WORTH, FL 33463**FEI Number:** 20-8440284**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOEDE & ADAMCZYK, PLLC
8200 NW 33RD ST., STE 303
MIAMI, FL 33122 US*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**Officer/Director Detail :**

Title	PRES
Name	BRENNAN, MICHAEL
Address	G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD., SUITE 309
City-State-Zip:	LAKE WORTH FL 33463

Title	1ST VP
Name	PAYEN, YVES
Address	G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD., SUITE 309
City-State-Zip:	LAKE WORTH FL 33463

Title	2ND VP
Name	CARR, THOMAS M
Address	G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD., SUITE 309
City-State-Zip:	LAKE WORTH FL 33463

Title	TREASURER
Name	VALISH, BRIAN
Address	G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD., SUITE 309
City-State-Zip:	LAKE WORTH FL 33463

Title	SECRETARY
Name	GRANEY, JOSEPHINE
Address	G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD., SUITE 309
City-State-Zip:	LAKE WORTH FL 33463

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL BRENNAN**PRES.****03/12/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date