

FILED
Apr 19, 2007 8:00 am
Secretary of State

DOCUMENT # N02000002014		
1. Entity Name THE PALMS OF MANASOTA VILLAS ASSOCIATION, INC.		
Principal Place of Business 104 51ST STREET CIR EAST PALMETTO, FL 34221		Mailing Address P.O. BOX 460 PALMETTO, FL 34221
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
6. Name and Address of Current Registered Agent		
LYNNAH, MARY 110 49TH COURT EAST PALMETTO, FL 34221		Name
		Street Address
		City
		State
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.		
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐
10. OFFICERS AND DIRECTORS		
TITLE	NAME	☐ Delete
NAME	LYNNAH, MARY	
STREET ADDRESS	110 49TH CT E.	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	VD	☒ Delete
NAME	DORR, JOHN	
STREET ADDRESS	256 51ST STREET CIR EAST	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	PD	☒ Delete
NAME	OTIS, ABBY	
STREET ADDRESS	260 51ST CIR E	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	TD	☐ Delete
NAME	KOBEE, ED	
STREET ADDRESS	240 51ST CIR E	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	SD	☒ Delete
NAME	SPARKS, TOM	
STREET ADDRESS	252 51ST STREET CIR EAST	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11.		
TITLE	NAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 61 changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Joanne Brossart</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		