## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

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

M.R. LEWIS

## **Secretary of State** DOCUMENT # N02000002014 03-21-2008 90014 003 \*\*\*\*61.25 1. Entity Name THE PALMS OF MANASOTA VILLAS ASSOCIATION, INC. Mailing Address Principal Place of Business 104 51ST STREET CIR EAST P.O. BOX 460 4.0042314 PALMETTO, FL 34221 PALMETTO, FL 34221 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02252008 Chg-NP CR2E037 (12/06) City & State City & State Applied For 55-0789475 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.Q. Box Number is Not Acceptable) LYNAH, MARY 110 49TH COURT EAST PALMETTO, FL 34221 Zip Code 3リンル 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 reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. П Florida Department of State Due by May 1, 2008 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete Addition TITLE TITLE ☐ Change Joseph Cox LYNAH, MARY NAME NAME 109 4944 CT P 110 49TH CT E. STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP PALMETTO, FL 34221 CITY-ST-ZIP 71 34221 Addition ☐ Change TITLE Delete TITLE HERBERT, JUDY NAME NAME STREET ADDRESS 212 51ST ST. CIR E STREET ADDRESS PALMETTO, FL 34221 CITY-ST-7IP CITY-ST-ZIP Change TITEF ☐ Delete TITLE ☐ Addition SIST ST CIRCLE East **BROSSART, JEANNE** NAME NAME 224 51ST ST. CIR E STREET ADDRESS STREET ADORESS CITY-ST-ZIP PALMETTO, FL 34221 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE KORFF FD NAME NAME 240 51ST CIR E STREET ADDRESS STREET ADDRESS PALMETTO, FL 34221 CITY-ST-ZIP CITY-ST-ZIF Delete TITLE ☐ Change **Addition** HAGGAR, JULIA wendy Brand NAME NAME STREET ADDRESS 236 51ST ST. CIR. E STREET ADDRESS CITY-ST-ZIP PALMETTO, FL 34221 CITY-ST-ZIP Delete ■ Addition Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-7IP 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

**FILED** 

Mar 21, 2008 8:00 am