


**2006 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

FILED

06 JUL -6 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N04000002068			
1. Entity Name PALMETTO HOMEOWNERS ASSOCIATION OF BREVARD COUNTY, INC.			
Principal Place of Business 6767 N. WICKHAM ROAD, SUITE 500 MELBOURNE, FL 32940		Mailing Address 1978 ROCKLEDGE BLVD STE 106 ROCKLEDGE, FL 32955	
2. Principal Place of Business 6767 N. Wickham Rd		3. Mailing Address	
Suite, Apt. #, etc. Suite 500		Suite, Apt. #, etc.	
City & State Melbourne, FL		City & State	
Zip 32940	Country USA	Zip	Country
4. FEI Number 20-0865340		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADVANCED PROPERT MGMT. 1978 ROCKLEDGE BLVD STE 106 ROCKLEDGE, FL 32955		7. Name and Address of New Registered Agent Name: KAREN Harkness Street Address (P.O. Box Number is Not Acceptable) 6767 N Wickham Road Suite 500 City: Melbourne FL Zip Code 32940	
3. 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: <i>Karen Harkness</i>		DATE: 6/14/06	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARIN, DAVID 6767 N. WICKHAM ROAD, SUITE 500 MELBOURNE, FL 32940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BAR-NAVON, BOAZ 6767 N. WICKHAM ROAD, SUITE 500 MELBOURNE, FL 32940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>8/2/10</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALKER, LISA 6767 N. WICKHAM ROAD, SUITE 500 MELBOURNE, FL 32940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800077389508 07/12/06--01027--014 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Lisa Walker</i> WSA WALKER		DATE: 6/28/06 (321) 253-8284	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	