
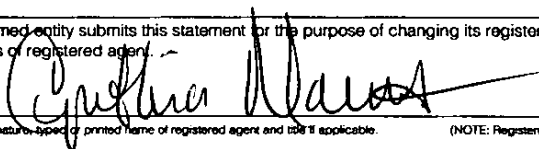
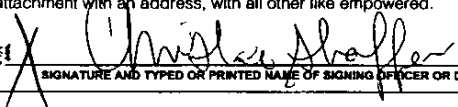


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90031 048 ****61.25

DOCUMENT # N04000002068			
1. Entity Name PALMETTO HOMEOWNERS ASSOCIATION OF BREVARD COUNTY, INC.			
Principal Place of Business 6905 N. WICKHAM ROAD SUITE 401 MELBOURNE, FL 32940		Mailing Address 1978 ROCKLEDGE BLVD SUITE 106 ROCKLEDGE, FL 32955	
2. Principal Place of Business - No P.O. Box # C/O SCPM		3. Mailing Address C/O SCPM	
Suite, Apt. #, etc. 645 Classic Ct. Ste. 104		Suite, Apt. #, etc. 645 Classic Ct. Ste. 104	
City & State Melbourne, FL		City & State Melbourne, FL	
Zip 32940	Country USA	Zip 32940	Country USA
4. FEI Number 20-0865340		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURKE, BARBARA A 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent C/O SCPM Street Address (P.O. Box Number is Not Acceptable) 645 Classic Ct. Ste. 104 City Melbourne FL Zip Code 32940	
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 		DATE 3/3/08	
Filing Fee is \$61.25 Due by May 1, 2008		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 6905 N. WICKHAM ROAD SUITE 201 MELBOURNE, FL 32940 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P-Cristina Engle 3172 Glenridge Cr. Merritt Island, FL 32953 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CURLES, TOM 6905 N. WICKHAM ROAD, SUITE 401 MELBOURNE, FL 32940 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-Tina Morris 2562 Glenridge Cr. Merritt Island, FL 32953 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD O'TOOLE, HAZEL 6905 N. WICKHAM ROAD, SUITE 401 MELBOURNE, FL 32940 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-Emily Poirie 2563 Glenridge Cr. Merritt Island, FL 32953 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MITCHELL, KENNETH R 6905 N. WICKHAM ROAD, SUITE 401 MELBOURNE, FL 32940 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S-Echo Gilliam 3043 Glenridge Cr. FL 32953 Merritt Island, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAFFER, CHRISTINE 2833 GLENRIDGE CIRCLE MERRITT ISLAND, FL 32953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" 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
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: 		DATE: 3/24/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	