2008 NOT-FOR-PROFIT CORPORATION

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

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DOCUMENT # N0400002068 1. Entity Name PALMETTO HOMEOWNERS ASSOCIATION OF BREVARD COUNTY, INC.				Secretary of State 03-31-2008 90031 048 ****61.25		
6905 N. WICKHAM ROAD 19 SUITE 401		Mailing Address 1978 ROCKLEDGE BLVD SUITE 106 ROCKLEDGE, FL 32955		 		
C/O SCPM C/O		3. Mailing Address (0 5CP)	n			
Suite, Apt. #, etc. 645 (ASSIC CA. SHE. 104 (45 C)		lastic Cf.	03052008 Chg-NP	CR2E037 (12/06)		
City & State	bourne, FC	City & State / Ne (bour)	, , , , , , , , , , , , , , , , , , , 	4. FEI Number 20-0865340	No	oplied For of Applicable
329	40 USA	30940	Country USA	5. Certificate of Status Desir	Fee Require	ditional d
	6. Name and Address of Current Re	gistered Agent	1	7Name and Address of N	ew Registered Agent:	
BURKE, BARBARA A 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Signet Address (P.O. Box Number is Not Acceptable) City \(Original Polytopic of the property of the polytopic of the			
			TIME	1 Wine !		790
	named entity submits this statement for th	purpose of changing its re	gistered office or registe	red agent, or both, in the State	of Florida. I am familiar with,	and accept
SIGNATURE Signature-speed or printed Harme of registered agent and table 11 applicable. (NOTE: Registered Agent aigneture required when reinstating) DATE						
SIGNATURE .	Signature-apped or printed harne of registered agent and	ibit if applicable. (NOTE: R	egistered Agent signature required	d when reinstating)	DATE	
SIGNATURE .	Signature-speed printed harne of registered agent and Filling Fee is \$61.25 Due by May 1, 2008	9. Election Camp. Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees	Make check payable t	
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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 eath; 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 SIGNATURE AND TYPED OF PRINTED HAVE OF SIGNING SPECER OR DIRECTOR

3/2/08

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