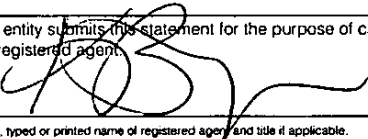
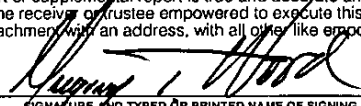


2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

05 AUG 10 PM 2:26

DOCUMENT # N04000011913					
1. Entity Name SEDONA PALMS PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 2293 W EAU GALLIE BLVD MELBOURNE, FL 32935			Mailing Address 2293 W EAU GALLIE BLVD MELBOURNE, FL 32935		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2659831	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HAWKES, RICHARD 2293 W EAU GALLIE BLVD MELBOURNE, FL 32935				7. Name and Address of New Registered Agent Name: Kathryn Byrnes Street Address (P.O. Box Number is Not Acceptable) 2293 W Eau Gallie Blvd City: Melbourne FL Zip Code: 32935	
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 		Kathryn Byrnes		8/2/05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HAWKES, RICHARD 2293 W EAU GALLIE BLVD MELBOURNE, FL 32935	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Kathryn Byrnes, Director 2293 W Eau Gallie Blvd Melbourne FL 32935	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS RUSHNELL, R. PARKER 2293 W EAU GALLIE BLVD MELBOURNE, FL 32935	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT WOOD, GREGORY T 2293 W EAU GALLIE BLVD MELBOURNE, FL 32935	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200058642912 08/16/05--01012--026 **\$61.25	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		8.4.05		821-259.3130	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

B Mitchell AUG 12 2005