Amended

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

05 AUG 10 P 2:26

DOCUMENT # N04000011913

1. Entity Name
SEDONA PALMS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2293 W EAU GALLIE BLVD MELBOURNE, FL 32935	2293 W EAU GALLIE BLVD MELBOURNE, FL 32935

08032005 Chg-NP CR2E037 (10/03)

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 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAWKES, RICHARD 2293 W EAU GALLIE BLVD MELBOURNE, FL 32935	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	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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT WOOD, GREGORY T 2293 W EAU GALLIE BLVD MELBOURNE, FL 32935	☐ Delete	200058642912 08/16/05--01012--028 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: _____ 8.4.05 321-259-3130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B Mitchell AUG 12 2005