

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90225 025 ****61.25

DOCUMENT # N04000011913					
1. Entity Name SEDONA PALMS PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 2001 9TH AVENUE #308 VERO BEACH, FL 32960			Mailing Address 2001 9TH AVENUE #308 VERO BEACH, FL 32960		
2. Principal Place of Business - No P.O. Box #		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 ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KEYSTONE PROPERTY MANAGEMENT GROUP, INC. 2001 9TH AVENUE #308 VERO BEACH, FL 32960			Name KAREN MERRILL Street Address (P.O. Box Number is Not Acceptable) c/o ELLIOTT MERRILL MANAGEMENT 835 20TH PLACE City VERO BEACH FL Zip Code 32960		
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 <i>Karen Merrill</i> Signature, typed or printed name of registered agent and title if applicable.			DATE <i>4/20/07</i> (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing ☐		\$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 PD NAME NUSSBAUM, CHRISTOPHER STREET ADDRESS 899 GREENLEAF CIRCLE CITY-ST-ZIP VERO BEACH, FL 32960	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE TD NAME PETERS, M ARK STREET ADDRESS 827 GREENLEAF CIRCLE CITY-ST-ZIP VERO BEACH, FL 32960	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE SD NAME MELBOURNE, CATHERINE STREET ADDRESS 840 GREENLEAF CIRCLE CITY-ST-ZIP VERO BEACH, FL 32960	☐ 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	
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 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>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE <i>4/16/07</i> Daytime Phone #		