


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 08:00 AM
Secretary of State


DOCUMENT # N04000011913

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



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| Principal Place of Business 807 GREENLEAF CIRCLE VERO BEACH, FL 32960 | Mailing Address 807 GREENLEAF CIRCLE VERO BEACH, FL 32960 |
|--|--|

DO NOT WRITE IN THIS SPACE



02102008 No Chg-NP CR2E037 (4/06)

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|--|---------------------------------------|
| 4. FEI Number 20-2659831 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**CASALINO, GREGG M
 O'HAIRE QUINN CANDLER & CASALINO, CHTD
 3111 CARDINAL DRIVE
 VERO BEACH, FL 32963**

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD DI DOMIZIO, ALBERT, 882 GREENLEAF CIRCLE VERO BEACH, FL 32960 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD PETERS, MARK 827 GREENLEAF CIRCLE VERO BEACH, FL 32960 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD TRUMBLE, JASON 893 GREENLEAF CIRCLE VERO BEACH, FL 32960 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD FARRAGHER, LIAM 820 GREENLEAF CIRCLE VERO BEACH, FL 32960 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCHRECONGOST, BRENT 841 GREENLEAF CIRCLE VERO BEACH, FL 32960 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 03/11/08-80052-003 70.00

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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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark Peters* **MARK PETERS** *2/20/08 172-299-181*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #