

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011913

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** SEDONA PALMS PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

807 GREENLEAF CIRCLE  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

807 GREENLEAF CIRCLE  
VERO BEACH, FL 32960

**New Mailing Address:**

**FEI Number:** 20-2659831

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DI DOMIZIO, SUSANNA  
Address: 882 GREENLEAF CIRCLE  
City-St-Zip: VERO BEACH, FL 32960

Title: TD  
Name: BOWEN, SHERRY  
Address: 832 GREENLEAF CIRCLE  
City-St-Zip: VERO BEACH, FL 32960

Title: VD  
Name: TRUMBLE, JASON  
Address: 893 GREENLEAF CIRCLE  
City-St-Zip: VERO BEACH, FL 32960

Title: SD  
Name: CARLSON, PHYLLIS  
Address: 883 GREENLEAF CIRCLE  
City-St-Zip: VERO BEACH, FL 32960

Title: D  
Name: FARRAGHER, LIAM  
Address: 820 GREENLEAF CIRCLE  
City-St-Zip: VERO BEACH, FL 32960

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHERRY BOWEN

TD

01/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date