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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90175 023 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N17079**

1. Corporation Name  
**THE HOMEOWNERS' ASSOCIATION OF THE PALMS, INC.**

Principal Place of Business UNIVERSITY PROP INC 7001 TEMPLE TERRACE HWY TEMPLE TERRACE FL 33637 US	Mailing Address UNIVERSITY PROP 7001 TEMPLE TERRACE TEMPLE TERRACE FL 33637 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/01/1986
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2721297
22 City & State	27 City & State	Applied For Not Applicable
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24	25	29
29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DUARTE, ANTONIO III 11959 N FLORIDA AVE TAMPA FL 33612		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	TO
NAME	HAMPTON, JOE	1.2 NAME	Shaffer, Amy
STREET ADDRESS	1606 PROWMORE DR	1.3 STREET ADDRESS	731 Burlwood St.
CITY-ST-ZIP	BRANDON FL 33511	1.4 CITY-ST-ZIP	Brandon, Fl. 33511
TITLE	SD	2.1 TITLE	SD
NAME	MCGOLDRICK, KAREN	2.2 NAME	O'hara, Glenda
STREET ADDRESS	1714 OAK BRANCH CT	2.3 STREET ADDRESS	908 Burlwood Street
CITY-ST-ZIP	BRANDON FL 33511	2.4 CITY-ST-ZIP	Brandon, Fl. 33511
TITLE	D	3.1 TITLE	D
NAME	TRUJILLO, ANNETTE	3.2 NAME	Whittler, Cynthia
STREET ADDRESS	178 OAK BRANCH	3.3 STREET ADDRESS	1713 Paint Branchway
CITY-ST-ZIP	BRANDON FL 33511	3.4 CITY-ST-ZIP	Brandon, Fl. 33511
TITLE	PP	4.1 TITLE	D
NAME	AITKEN, REGINALD	4.2 NAME	Aitken, Reginald
STREET ADDRESS	736 BURLWOOD ST	4.3 STREET ADDRESS	736 Burlwood Street
CITY-ST-ZIP	BRANDON FL 33511	4.4 CITY-ST-ZIP	Brandon, Fl. 33511
TITLE	VPO	5.1 TITLE	P
NAME	LOPEZ, MANUEL	5.2 NAME	Lopez, Manuel
STREET ADDRESS	735 BURLWOOD STREET	5.3 STREET ADDRESS	735 Burlwood Street
CITY-ST-ZIP	BRANDON FL 33511	5.4 CITY-ST-ZIP	Brandon, Fl. 33511
TITLE		6.1 TITLE	VP
NAME		6.2 NAME	Peterson, Elwood
STREET ADDRESS		6.3 STREET ADDRESS	881 Burlwood Street
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Brandon, Fl. 33511

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE OF MANUEL LOPEZ Manual Lopes 1-19-99 980-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)