
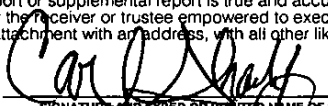


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90024 001 ****61.25

DOCUMENT # N17079					
1. Entity 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		
2. Principal Place of Business		3. Mailing Address		02082006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2721297	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DUARTE, ANTONIO III 11959 N FLORIDA AVE TAMPA, FL 33612				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHACK, CARL JR		NAME		
STREET ADDRESS	1647 PROW MORE DR		STREET ADDRESS		
CITY-ST-ZIP	BRANDON, FL 33511		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUBLY, WENDY		NAME	French, Margo	
STREET ADDRESS	912 BURLWOOD STREET		STREET ADDRESS	1917 W. Lumisden Rd #300	
CITY-ST-ZIP	BRANDON, FL 33511		CITY-ST-ZIP	Brandon FL 33511	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWERS, EVELYN		NAME		
STREET ADDRESS	1631 PROW MORE DR		STREET ADDRESS		
CITY-ST-ZIP	BRANDON, FL 33511		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENLEAF, SHIRLEY		NAME		
STREET ADDRESS	858 BURLWOOD STREET		STREET ADDRESS		
CITY-ST-ZIP	BRANDON, FL 33511		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, CHARLES		NAME	Jean-Pierre, Patrick	
STREET ADDRESS	1642 RPOWMORE DRIVE		STREET ADDRESS	PO Box 15223 - PO Box 4131	
CITY-ST-ZIP	BRANDON, FL 33511		CITY-ST-ZIP	Tampa FL 33684 Brandon FL 33509	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, ELWOOD		NAME	Hont, Randy	
STREET ADDRESS	881 BURLWOOD ST.		STREET ADDRESS	854 Burlwood Street	
CITY-ST-ZIP	BRANDON, FL 33511		CITY-ST-ZIP	Brandon FL 33511	
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: 		Carl Shack, Jr.		03-14-2006 813-220-5296	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	