


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90030 023 \*\*\*\*61.25

**DOCUMENT # N17079**

1. Entity Name  
THE HOMEOWNERS' ASSOCIATION OF THE PALMS,  
INC.



Principal Place of Business      Mailing Address  
UNIVERSITY PROP INC      UNIVERSITY PROP  
7001 TEMPLE TERRACE HWY      7001 TEMPLE TERRACE  
TEMPLE TERRACE, FL 33637 US      TEMPLE TERRACE, FL 33637 US


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

60010107



01042007    Chg-NP      CR2E037 (12/06)

4. FEI Number  
59-2721297      Applied For  
Not Applicable

5. Certificate of Status Desired          **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DUARTE, ANTONIO III  
11959 N FLORIDA AVE  
TAMPA, FL 33612

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ 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, 2007**

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHACK, CARL JR	
STREET ADDRESS	1647 PROW MORE DR	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FRENCH, MARGO	
STREET ADDRESS	1917 W LUMSDEN RD #300	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	VD	<input type="checkbox"/> Delete
NAME	POWERS, EVELYN	
STREET ADDRESS	1631 PROW MORE DR	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GREENLEAF, SHIRLEY	
STREET ADDRESS	858 BURLWOOD STREET	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JESN-PIERRE, PATRICK	
STREET ADDRESS	P.O. BOX 4131	
CITY-ST-ZIP	BRANDON, FL 33509	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUNT, RANDY	
STREET ADDRESS	854 BURLWOOD ST	
CITY-ST-ZIP	BRANDON, FL 33511	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** Evelyn J. Powers      2-13-07      813-689-3714  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #