

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90033 004 \*\*\*\*61.25



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<b>DOCUMENT # N17079</b>				1. Entity Name <b>THE HOMEOWNERS' ASSOCIATION OF THE PALMS, INC.</b>	
Principal Place of Business <b>UNIVERSITY-PROP INC 7001 TEMPLE TERRACE HWY TEMPLE TERRACE, FL 33637 US</b>			Mailing Address <b>UNIVERSITY PROP 7001 TEMPLE TERRACE TEMPLE TERRACE, FL 33637 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2721297</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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 <b>Marielle Westerman, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>215 W. Verne St., Ste. A</b> City <b>Tampa</b> FL Zip Code <b>33606</b>		
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		<b>Marielle Westerman, Esq.</b>		DATE <b>3/17/08</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
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	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRENCH, MARGO		NAME		
STREET ADDRESS	1917 W LUMSDEN RD #300		STREET ADDRESS		
CITY-ST-ZIP	BRANDON, FL 33511		CITY-ST-ZIP		
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	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JESN-PIERRE, PATRICK		NAME		
STREET ADDRESS	P.O. BOX 4131		STREET ADDRESS		
CITY-ST-ZIP	BRANDON, FL 33509		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUNT, RANDY		NAME		
STREET ADDRESS	854 BURLWOOD ST		STREET ADDRESS		
CITY-ST-ZIP	BRANDON, FL 33511		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:		<b>Evelyn J. Powers</b>		DATE <b>3-13-08</b>	
				DAYTIME PHONE # <b>813-689-2194</b>	