
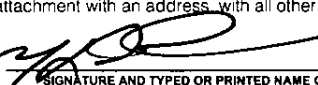


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90045 021 ****61.25

DOCUMENT # N34635							
1. Entity Name PROMENADE HOMEOWNERS' ASSOCIATION, INC.							
Principal Place of Business 4174 WOODLANDS PKWY. PALM HARBOR, FL 34685 US			Mailing Address 4174 WOODLANDS PKWY. PALM HARBOR, FL 34685 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				
City & State			4. FEI Number 59-2982262		Applied For Not Applicable		
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				
NOLAN, JAMES M 4174 WOODLANDS PKWY. PALM HARBOR, FL 34685			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
Filing Fee is \$61.25 Due by May 1, 2007		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 checked="" type="checkbox"/> Delete	TITLE	PN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	RIEGEL, ROBERT		NAME	MICHAEL J. CARBONI			
STREET ADDRESS	1945 PROMENADE WAY		STREET ADDRESS	1946 PROMENADE WAY			
CITY-ST-ZIP	CLEARWATER, FL 33760		CITY-ST-ZIP	PALM HARBOR FL 34685			
TITLE	TDD	<input checked="" type="checkbox"/> Delete	TITLE	TDD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ESTRADA, MIGUEL		NAME	RANDY DRAKE			
STREET ADDRESS	1961 PROMENADE WAY		STREET ADDRESS	1981 PROMENADE WAY			
CITY-ST-ZIP	CLEARWATER, FL 33760		CITY-ST-ZIP	CLEARWATER FL 33760			
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUCKER, LYNDA		NAME				
STREET ADDRESS	1989 PROMENADE WAY		STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER, FL 33760		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				
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				
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: 			Date: 3/26/2007		Daytime Phone #: 7275310825		