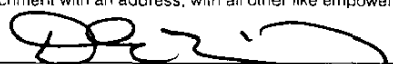


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-07-2008 90051 039 ****61.25

DOCUMENT # N98000000660 1. Entity Name THE VILLAGES OF PALM-AIRE MAINTENANCE ASSOCIATION, INC.					
Principal Place of Business 9031 TOWN CENTER PARKWAY BRADENTON, FL 34202			Mailing Address 9031 TOWN CENTER PARKWAY BRADENTON, FL 34202		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0814415				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADVANCED MANAGEMENT OF SW FLORIDA, INC. 9031 TOWN CENTER PARKWAY BRADENTON, FL 34202			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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMATO, CONSTANCE 5229 CREEKSIDE TRL. SARASOTA, FL 34243	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OLDER, NANCY 7111 TREYMORE CT SARASOTA, FL 34243	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SCHUCH, JAMES 4832 LAKESCENE PL SARASOTA, FL 34243	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WILSON, DOUGLAS 9031 TOWN CENTER PKWY BRADENTON, FL 34202	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
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 4-2-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # 941-359-1134		