
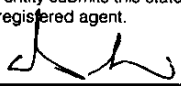
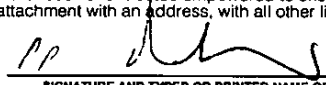


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90321 043 ****61.25

DOCUMENT # N93000002871					
1. Entity Name PALM VILLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5401 S. KIRKMAN ROAD SUITE 450 ORLANDO, FL 32819			Mailing Address C/O COMMUNITY MGMT PROFESSIONALS INC 5401 S. KIRKMAN RD #450 ORLANDO, FL 32819		
2. Principal Place of Business - No P.O. Box # 2801 CLUB COASTLINE CIRCLE		3. Mailing Address 2801 CLUB COASTLINE CIRCLE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State KISSIMMEE, FL		City & State KISSIMMEE, FL		4. FEI Number 20-2447764	
Zip 34746		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COMMUNITY MGMT PROFESSIONALS 5401 S. KIRKMAN RD SUITE 450 ORLANDO, FL 32819			7. Name and Address of New Registered Agent Name: C.E. ATTENTIVE MANAGEMENT Street Address (P.O. Box Number is Not Acceptable): 2801 CLUB COASTLINE CIRCLE City: KISSIMMEE FL Zip Code: 34746		
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: 24 APRIL 2008					
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		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 P NAME BLANCO, EDWARD STREET ADDRESS 8826 CORAL PALM CIRCLE #B CITY-ST-ZIP KISSIMMEE, FL 34747	<input type="checkbox"/> Delete		TITLE T NAME BLANCO, IDA STREET ADDRESS 8826 CORAL PALM CIRCLE #A CITY-ST-ZIP KISSIMMEE, FL 34747	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME STEPHEN, ELAINE STREET ADDRESS 8821 CORAL PALM CIRCLE #A CITY-ST-ZIP KISSIMMEE, FL 34747	<input type="checkbox"/> Delete		TITLE D NAME GOMEZ, REINALDO STREET ADDRESS 8828 CORAL PALM CIRCLE #A CITY-ST-ZIP KISSIMMEE, FL 34747	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME MOREINA, RONALD STREET ADDRESS 8840 CORAL PALM CIRCLE #B CITY-ST-ZIP KISSIMMEE, FL 34747	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME VALLINA, MANUEL STREET ADDRESS 8842 CORAL PALM CIRCLE #B CITY-ST-ZIP MIAMI, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME PIZ, THOMAS STREET ADDRESS 12485 S.W. 7 PLACE CITY-ST-ZIP DAVIE, FL 33325	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 24 APRIL 08 Daytime Phone #: 407-396-0425					