	5013 65	
FEI Number: 59-2721297		Certificate of Status Desired: No
Name and Ad	dress of Current Registered Agent:	
DUARTE III, ANTO 6221 LAND O' LA LAND O' LAKES,	KES BLVD.	
The above named e	ntity submits this statement for the purpose of changing its registered office	e or registered agent, or both, in the State of Florida.
SIGNATURE:	ANTONIO DUARTE III	02/01/2023
	Electronic Signature of Registered Agent	Date

FEI Number: 59-2721297	Certificate of Status Desir
Name and Address of Current Registered Agent:	
DUARTE III, ANTONIO 6221 LAND O' LAKES BLVD. LAND O' LAKES, FL 34638 US	
The above named entity submits this statement for the purpose of changing its registere	d office or registered agent, or both, in the State of Flori
SIGNATURE: ANTONIO DUARTE III	

# 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N17079

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

#### **Current Principal Place of Business:**

UNIVERSITY PROPERTIES, INC. 3018 NORTH U.S. HIGHWAY 301 950 TAMPA, FL 33619

#### **Current Mailing Address:**

UNIVERSITY PROPERTIES, INC. 3018 NORTH U.S. HIGHWAY 301 950 TAMPA, FL 33619 US

### E

	Electronic Signature of Registered Agent		Date			
Officer/Director Detail :						
Title	VP	Title	TREASURER			
Name	WISLER, TINA	Name	WISLER, JONATHAN			
Address	UNIVERSITY PROPERTIES, INC. 3018 NORTH U.S. HIGHWAY 301 950	Address	UNIVERSITY PROPERTIES, INC. 3018 NORTH U.S. HIGHWAY 301 950			
City-State-Zip:	TAMPA FL 33619	City-State-Zip:	TAMPA FL 33619			
Title	PRESIDENT	Title	SECRETARY			
Name	SANCHEZ, SAMUEL	Name	BAKER, ARETHA M			
Address	UNIVERSITY PROPERTIES, INC. 3018 NORTH U.S. HIGHWAY 301 950	Address	UNIVERSITY PROPERTIES, INC. 3018 NORTH U.S. HIGHWAY 301 950			
City-State-Zip:	TAMPA FL 33619	City-State-Zip:	TAMPA FL 33619			
Title	DIRECTOR	Title	DIRECTOR			
Name	OCASIO, PEDRO	Name	BRONNER, GARRY			
Address	UNIVERSITY PROPERTIES, INC. 3018 NORTH U.S. HIGHWAY 301 950	Address	UNIVERSITY PROPERTIES, INC. 3018 NORTH U.S. HIGHWAY 301 950			
City-State-Zip:	TAMPA FL 33619	City-State-Zip:	TAMPA FL 33619			

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

#### SIGNATURE: SAMUEL SANCHEZ

PRESIDENT

02/01/2023

Electronic Signature of Signing Officer/Director Detail

# FILED Feb 01, 2023 Secretary of State 2228143434CC