## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17079

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

**FILED** Mar 04, 2014 **Secretary of State** CC8594341575

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

UNIVERSITY PROP INC 7001 TEMPLE TERRACE HWY TEMPLE TERRACE, FL 33637

# **Current Mailing Address:**

UNIVERSITY PROP 7001 TEMPLE TERRACE TEMPLE TERRACE, FL 33637 US

FEI Number: 59-2721297 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

DUARTE, ANTONIO 6221 LAND O' LAKES BLVD. LAND O' LAKES, FL 34639 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## Officer/Director Detail:

Title	VP	Title	DIRECTOR
Name	WISLER, TINA	Name	FRENCH, MARGO
Address	924 BURLWOOD	Address	UNIVERSITY PROP 7001 TEMPLE TERRACE
City-State-Zip:	BRANDON FL 33511	0'1 01-1- 7'-	

City-State-Zip: TEMPLE TERRACE FL 33637

Title D/P

Title Name SANCHEZ, SAMUEL CALHOUN, SUSAN Name Address 708 BURLWOOD 856 BURLWOOD Address City-State-Zip: BRANDON FL 33511 City-State-Zip: BRANDON FL 33511

Title

Name

Address

GEORGE, SYLVIA LOPEZ, GLORIA Name 1708 PAINT BRANCH WAY Address 873 BURLWOOD City-State-Zip: BRANDON FL 33511 City-State-Zip: BRANDON FL 33511

Title

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** 

03/04/2014