


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**


04-16-2008 90014 021 \*\*\*150.00

<b>DOCUMENT # 194769</b> 1. Entity Name PALM HILLS VILLAS, INC.	
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Principal Place of Business 1212 HILLSBORO MILE (A1A) POMPANO BEACH, FL 33062	Mailing Address 1212 HILLSBORO MILE (A1A) POMPANO BEACH, FL 33062
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**DO NOT WRITE IN THIS SPACE**

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02192008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0793464	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

GLICKMAN, LARRY Z  
301 YAMATO RD  
SUITE 4150  
BOCA RATON, FL 33431

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be -- -- Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	BP D VP WHITE, CONRAD 1212 HILLSBORO MILE #23 HILLSBORO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P GILLESPI, JOHN 1212 HILLSBORO MILE #24 HILLSBORO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KAMP, SUE TOM HOYT 1212 HILLSBORO MILE #25 HILLSBORO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BP D TREAS. PETTINATO, ROBERTO 1212 HILLSBORO MILE #9 HILLSBORO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sec REX, SHARI Debbie Kinnear 1212 HILLSBORO MILE #15 HILLSBORO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 607, 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:** Conrad White **2/22/08** <sup>561-</sup> **445-2523**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #