


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90057 023 ****61.25

DOCUMENT # 712527					
1. Entity Name VILLA DE PALMAS HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business PO BOX 541626 MERRITT ISLAND FL 32954		Mailing Address PO BOX 541626 MERRITT ISLAND FL 32954			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2376719	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WASH, DOROTHY A 109 VIA DELAREINA MERRITT ISLAND FL 32953			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: 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	VP	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEYERSDORF, PAUL		NAME	CU DA, KATHY	
STREET ADDRESS	157 VIA HAVARRE		STREET ADDRESS	128 VIA HAVARRE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953		CITY-ST-ZIP	MERRITT ISLAND, FL. 32953	
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WASH, CLARENCE W		NAME	CAPSHAW, BARBARA	
STREET ADDRESS	109 VIA DELAREINA		STREET ADDRESS	189 VIA HAVARRE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953		CITY-ST-ZIP	MERRITT ISLAND, FL. 32953	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAPSHAW, BARBARA		NAME	BOWEN, NANCY	
STREET ADDRESS	189 VIA HAVARRE		STREET ADDRESS	244 VIA HAVARRE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953		CITY-ST-ZIP	MERRITT ISLAND, FL. 32953	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOWMAN, HEIDE		NAME	DAVIS, SANDY	
STREET ADDRESS	241 VIA HAVARRE		STREET ADDRESS	101 LAS PALMAS	
CITY-ST-ZIP	MERRITT ISLAND FL 32953		CITY-ST-ZIP	MERRITT ISLAND, FL. 32953	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAUFFMAN, WILLIAM		NAME		
STREET ADDRESS	2265 SYKES CREEK DR.		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32953		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARLOW, MARY LOU		NAME		
STREET ADDRESS	168 VIA HAVARRE		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32953		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Clarence W. Wash* **CLARENCE W. WASH** 2-12-2008 321/452-0235