## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 729817**

FILED Apr 30, 2007 Secretary of State

Entity Name: SILVER PALM VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
APT 12	R PALM DRIVE CH, FL 32963	Ē			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
4161 SILVER PALM DRIVE APT 12 VERO BEACH, FL 32963					
FEI Number:	59-1537946	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of Cu	rrent Registered Agent:	Name and Address	of New Registered Agent:	
VERO BEA	HLAND BLVD CH, FL 32963 named entity su	US bmits this statement for the pu	ırpose of changing its register	ed office or registered agent, or both,	
SIGNATURE:				Dete	
Electronic Signature of Registered Agent				Date	
OFFICERS AND DIRECTORS:				GES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () E MERCHANT, CINI 320-A FRANKLIN WEST PITTSTON	ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVP () E SEGUIN, ED 4157 SILVER PA VERO BEACH, FI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () C LEISINGER-MILL 623 FREEMAN R NASHVILLE, IN 4	IDGE ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () C AMES, ROBERT 4161 SILVER PAI VERO BCH., FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD () C EMMONS, DORO 4137 SILVER PAI VERO BEACH, FI	LM DR	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DOROTHY L. EMMONS STD 04/30/2007