

# 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:**

4161 SILVER PALM DRIVE  
APT 12  
VERO BEACH, FL 32963

**New Principal Place of Business:**

**Current Mailing Address:**

4161 SILVER PALM DRIVE  
APT 12  
VERO BEACH, FL 32963

**New Mailing Address:**

FEI Number: 59-1537946      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARRIS, CHARLES E.  
817 BEACHLAND BLVD  
VERO BEACH, FL 32963      US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: MERCHANT, CINDY  
Address: 320-A FRANKLIN ST  
City-St-Zip: WEST PITTSTON, PA 18643

Title: DVP      ( ) Delete  
Name: SEGUIN, ED  
Address: 4157 SILVER PALM DR  
City-St-Zip: VERO BEACH, FL 32963

Title: PD      ( ) Delete  
Name: LEISINGER-MILLER, LYN  
Address: 623 FREEMAN RIDGE ROAD  
City-St-Zip: NASHVILLE, IN 47448

Title: D      ( ) Delete  
Name: AMES, ROBERT O.,  
Address: 4161 SILVER PALM DRIVE  
City-St-Zip: VERO BCH., FL

Title: STD      ( ) Delete  
Name: EMMONS, DOROTHY L  
Address: 4137 SILVER PALM DR  
City-St-Zip: VERO BEACH, FL 32963

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date