

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90051 041 \*\*\*\*61.25

<b>DOCUMENT # 729817</b> 1. Entity Name <b>SILVER PALM VILLAS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>4161 SILVER PALM DRIVE APT 12 VERO BEACH, FL 32963</b>			Mailing Address <b>4161 SILVER PALM DRIVE APT 12 VERO BEACH, FL 32963</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <i>c/o GARY GIARRUSSO</i> <b>S LAUREL LANE</b>  Suite, Apt. #, etc.			
City & State  City & State <b>STRATHAM NH</b>		4. FEI Number <b>59-1537946</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>03885</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GARRIS, CHARLES E. 817 BEACHLAND BLVD VERO BEACH, FL 32963</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MERCHANT, CINDY</b> <b>320-A FRANKLIN ST</b> <b>WEST PITSTON, PA 18643</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>180 FOREST WAY</b> <b>CAMILLUS NY 13013</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>SEGUIN, ED</b> <b>4157 SILVER PALM DR</b> <b>VERO BEACH, FL 32963</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/S/D</b> <b>GARY GIARRUSSO</b> <b>S LAUREL LANE</b> <b>STRATHAM NH 03885</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LEISINGER-MILLER, LYN</b> <b>623 FREEMAN RIDGE ROAD</b> <b>NASHVILLE, IN 47448</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FRANK CARMONE</b> <b>464 20th STREET</b> <b>AVALON NJ 08202</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AMES, ROBERT O.</b> <b>4161 SILVER PALM DRIVE</b> <b>VERO BCH., FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NEIL GIARRUSSO</b> <b>1 RIVERVIEW BLVD 5-103</b> <b>METHUEN MA 01844</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>EMMONS, DOROTHY L</b> <b>4137 SILVER PALM DR</b> <b>VERO BEACH, FL 32963</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARRY KUNSMAN</b> <b>8387 RIVER ROAD</b> <b>BALDWINVILLE NY 13027</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.					
<b>SIGNATURE: GARY GIARRUSSO Sec/Treas</b>				<b>4/8/08 603 862 0608</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	