

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90024 049 ****61.25

DOCUMENT # 730566 1. Entity Name THREE PALMS POINTE, INC., A CONDOMINIUM					
Principal Place of Business 420-64TH AVE. ST. PETERSBURG BCH, FL 33706				Mailing Address 9887 FOURTH STREET NORTH SUITE 301 ST. PETERSBURG, FL 33702 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 5901 Sun Blvd			
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200			
City & State St. Petersburg		City & State St. Petersburg		4. FEI Number 59-1871101	
Zip 33715		Country Pinellas		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OSBURN, BILLY K 9887 FOURTH STREET NORTH SUITE 301 ST. PETERSBURG, FL 33702				7. Name and Address of New Registered Agent Peter Dilts Resource Property Mgmt 5901 Sun Blvd Suite 200 St. Petersburg FL 33715	
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 <u>Peter Dilts</u> <u>Peter Dilts</u> <u>5/4/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY - ST - ZIP	PD DAVISSON, EDWARD 9887 FOURTH STREET NORTH ST PETERSBURG, FL 33702 33715	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	5901 Sun Blvd Suite 200 St. Petersburg, FL 33715	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD LABRUM, TOM 9887 FOURTH STREET NORTH ST PETERSBURG, FL 33702 33715	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	5901 Sun Blvd Suite 200 St. Petersburg, FL 33715	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BUDININKAS, FRANK 9887 FOURTH STREET NORTH ST PETERSBURG, FL 33702 33715	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	5901 Sun Blvd Suite 200 St. Petersburg, FL 33715	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MEGIEL, JACK 9887 FOURTH STREET NORTH ST PETERSBURG, FL 33702	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Woody Dulin 5901 Sun Blvd Suite 200 St. Petersburg, FL 33715	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAMOROFF, HELEN 9887 FOURTH STREET NORTH ST. PETESBURG, FL 33702	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Dave Leasure Dir. 5901 Sun Blvd. Suite 200 St. Petersburg, FL 33715	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JABLON, CHUCK 9887 FOURTH STREET NORTH SAINT PETERSBURG, FL 33702 33715	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	5901 Sun Blvd Suite 200 St. Petersburg, FL 33715	<input checked="" 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 empower.					
SIGNATURE <u>Edward Davison Pres</u> <small>PRINTED NAME OF SIGNING OFFICER</small>			<u>5/4/07</u> <u>727-864-0004</u> <small>Date Daytime Phone #</small>		