

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 739185 1. Entity Name Z'HILLS PALM ESTATES HOMEOWNERS ASSOC, INC						FILED 08 FEB 25 AM 11:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 4643 ROYAL PALM DR. ZEPHYRHILLS, FL 33542 US				Mailing Address 37930 SAGO PALM DR. ZEPHYRHILLS, FL 33542 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
4. FEI Number 59-2356383				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FOOTE, ERNEST R 4434 SENTRY PALM LOOP ZEPHYRHILLS, FL 33542				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) DATE</small>							
Amended AR is \$61.25		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	P ROBY, JIM 37906 PALMETTO DR ZEPHYRHILLS, FL 33542	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERR, OLEN 37934 DATE PALM DR ZEPHYRHILLS, FL 33542	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOOTE, ERNEST R 4434 SENTRY PALM LOOP ZEPHYRHILLS, FL 335425625	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGBY, ART 4541 AUTUMN PALM DR ZEPHYRHILLS, FL 33542	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRODI, JANE 4603 CORAL ST ZEPHYRHILLS, FL 33542	<input type="checkbox"/> Delete	<div style="text-align: center;"> 800120811498 03/20/08--01016--007 **61.25 </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, RAY 4721 CORAL ST ZEPHYRHILLS, FL 33542	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WARD, JAN 4721 CORAL ST ZEPHYRHILLS, FL 33542	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARR, JANE 4509 AUTUMN PALM DR ZEPHYRHILLS, FL 33542	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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.							
SIGNATURE: JIM ROBY <i>James Roby</i>				Date: 02/2/2008			