2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 03, 2008 8:00 am Secretary of State 03-03-2008 90192 018 ****61.25

DOCUMENT # 739899 1. Entity Name PALM TERRACE ASSOCIATION OF ORLANDO, FLORIDA, INC.							03-03-200	30 70172		01.23		
Principal Place of Business 2420 READING DR. ORLANDO, FL 32804 US			2420 F	Mailing Address 2420 READING DR. ORLANDO, FL 32804 US								
Principal Place of Business - No P.O. Box #			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01142008	Chg-NP	CR2E0	37 (12/06)		
City & State			City & State				4. FEI Number 59-295				pplied For ot Applicable	
Zip Country		Zip Cou			intry		5. Certificate of Status Desired					
Name and Address of Current Registered Agent.						Name		.7. Name and	Address of Nev	w Registered	Agent	
POLLEY, LYNNE												
2420 READING DR. ORLANDO, FL 32804						Street A	ddress (P.O. Box Numbe	er is Not Accepta	able)		
						City				Fl	Zip Coo	de .
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required with								when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees Florida Department of State				
								\$5.00 May 8 Added to Fees	e F			
10.	Due by May 1,		RECTORS					Added to Fees	e F	lorida Depa	RECTORS I	N 10
10. TITLE NAME	Due by May 1,	2008 DFFICERS AND DI	RECTORS		11.	ion.		Added to Fees	ANGES TO OFFI	Iorida Depa CERS AND D	rtment of S	itate
TITLE	Due by May 1,	2008 DEFICERS AND DIT	RECTORS	Trust Fund C	11. IITLE NAM STRE	ion.		Added to Fees	F	Iorida Depa CERS AND D	RECTORS I	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P POLLEY, LYNNE 1154 WESTERN ORLANDO, FL	2008 DFFICERS AND DII E I WAY 32804	RECTORS	Trust Fund C	11. IITLE NAM STRE CITY	E E E EET ADDRESS -ST-ZIP		Added to Fees	ANGES TO OFFI	Iorida Depa CERS AND D	RECTORS I	N 10
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	P POLLEY, LYNNE 1154 WESTERN ORLANDO, FL V HIGHTOWER, G 1028 BRYN MAN	2008 DEFICERS AND DIE E I WAY 32804 BEORGIA	RECTORS	Trust Fund C	11. ITLE NAM STRE CITY TITLE NAM STRE	E E E ADDRESS -ST-ZIP E E E EET ADDRESS	24; S	Added to Fees ADDITIONS/CHA	ANGES TO OFFI	CERS AND D	RECTORS I	N 10 Addition
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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 cath; 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 attackment with an address, with all other like empowered.

GNATURE:

407-841-5644

SIGNATURE:

OFFICER OR DRUCTOR

407-841-5644 Daysime Phone #

Date