


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90179 006 ****61.25

DOCUMENT # 751433	
1. Entity Name PALMS OF DELRAY HOMEOWNER'S ASSOCIATION, INC.	

Principal Place of Business 2560 ALBATROSS RD, N. DELRAY BEACH, FL 33444	Mailing Address C/O PROCAM MANAGEMENT PO BOX 3097 BOYNTON BEACH, FL 33424
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40095395



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03172008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent	
SCOTT, PETER B 107 NE 10TH STREET DELRAY BEACH, FL 33444	

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 _____ (NOTE: Registered Agent signature required 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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAZZARD, JOHN <input type="checkbox"/> Delete 2585 ALBATROSS RD N, 3-C DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BALL, JAY <input type="checkbox"/> Delete 2875 ALBATROSS ROAD NORTH 5-B DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSNER, STEVE <input type="checkbox"/> Delete 2590 ALBATROSS RD N 7-B DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, PETER <input type="checkbox"/> Delete 495 N.E. 4TH ST. DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOSLOFF, GEORGE <input type="checkbox"/> Delete 2555 ALBATROSS ROAD NORTH 2-D DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IANTCHEV, PHILIP <input type="checkbox"/> Delete 2585 ALBATROSS ROAD NORTH 2-A DELRAY BEACH, FL 33444

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.

SIGNATURE:

Jay Ball
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jay Ball

4/24/08

Date Daytime Phone #