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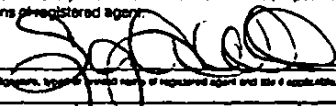

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT.

DOCUMENT # 752557			
1. Entry Name PALMETTO VILLAS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 3536 NW 21 DRIVE GAINESVILLE, FL 32605		Mailing Address 3536 NW 21 DRIVE GAINESVILLE, FL 32605	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 901 NW 8th Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc. A-6	
City & State		City & State Gainesville, FL	
Zip	Country	Zip	Country
		32601	Alachua
4. FEI Number 59-2203074		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROSENBERGER, ELLA MAE 3413 NORTHWEST 21ST DRIVE GAINESVILLE, FL 32605		NAME Sally Wilson Street Address (P.O. Box Number is Not Acceptable) 901 NW 8th Ave Suite A-6 City Gainesville FL Zip Code 32601	
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 		DATE 4-25-07	
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOLOMON, K.E.	NAME	Julia Orton
STREET ADDRESS	1527 NW 7 PLACE	STREET ADDRESS	3516 NW 21st Drive
CITY-STATE-ZIP	GAINESVILLE, FL	CITY-STATE-ZIP	Gainesville, FL 32605
TITLE	ST <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURNETT, SUSAN	NAME	Dorothy Boltz
STREET ADDRESS	3917 NW 20TH DR	STREET ADDRESS	3429 NW 21st Drive
CITY-STATE-ZIP	GAINESVILLE, FL 32605	CITY-STATE-ZIP	Gainesville, FL 32605
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARION, FAITH	NAME	Joe McGurk
STREET ADDRESS	3443 NW 21 ST DR	STREET ADDRESS	3524 NW 21st Drive
CITY-STATE-ZIP	GAINESVILLE, FL 32605	CITY-STATE-ZIP	Gainesville, FL 32605
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Luisa Santana
STREET ADDRESS		STREET ADDRESS	3528 NW 21st Drive
CITY-STATE-ZIP		CITY-STATE-ZIP	Gainesville, FL 32605
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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: 		DATE: 4/25/07	
SIGNATURE HAS BEEN COPIED OR PRINTED		DATE	