


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90191 012 ****61.25

DOCUMENT # 754187
 1. Entity Name
COURT OF PALMS HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
**2780-2790 OCEAN SHORE BLVD.
 ORMOND BEACH, FL 32176**

Mailing Address
**2780 OCEAN SHORE BLVD
 11
 ORMOND BEACH, FL 32176**

DO NOT WRITE IN THIS SPACE



01292007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2032390 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**TODD REALTY & MANAGEMENT INC.
 182 S YONGE ST
 ORMOND BEACH, FL 32174**

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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, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARDY, TODD 44 SILK OAKS DRIVE ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILBER, BARBARA 2780 OCEAN SHORE #5 ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member CASHING, NANCY 110 SANDPIPER RIDGE DR. ORMOND BEACH, FL 32176 <i>FRAN BERRY 8520 Hunt Club Dr Thickmont MD 21788</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLCOMB, STEVE 1500 MALTBY RD MARBLE, NC 28905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARTLEY, EDWIN 1391 RYAN RD JACKSONVILLE, FL 32216 <i>Mary Lavenugh 5910 1/2 Ave Belle Mead NJ 07405</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Barbara Wilber* **BARBARA WILBER** *4/16/07 - 386-441-2410*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #