


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State


04-18-2008 90033 037 ****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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 1034 RIDGEWOOD AVE STE 1 Suite, Apt. #, etc.
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City & State HOLLY HILL, FLORIDA	4. FEI Number 59-2032390	Applied For <input type="checkbox"/> Not Applicable
Zip 32117	Country VOLUSIA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



01212008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

TODD REALTY & MANAGEMENT INC.
182 S YONGE ST
ORMOND BEACH, FL 32174

7. Name and Address of New Registered Agent

Name **TYLER PROPERTY MANAGEMENT LLC**
 Street Address (P.O. Box Number is Not Acceptable)
1034 RIDGEWOOD AVE STE 1
 City **HOLLY HILL** **FL** Zip Code **32117**

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 *Chris Clomes* DATE 02-23-2008

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARDY, TODD 44 SILK OAKS DRIVE ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILBUR, BARBARA 2780 OCEAN SHORE #5 ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM BERRY, FRAN 8520 HUNT CLUB RD THURMONT, MD 21788	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLCOMB, STEVE 1500 MALTBY RD MARBLE, NC 28905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAVENNAUGH, MARY 59 MYRTLE AVE BUTLER, NJ 07405	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" 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 *Barbara A Wilber* (BARBARA A WILBER) 3/28/08