



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90044 049 \*\*\*150.00

<b>DOCUMENT # H52657</b> 1. Entity Name <b>PALM VILLAGE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>3528 14TH STREET W BRADENTON, FL 34205 US</b>			Mailing Address <b>3528 14TH STREET W LOT C-4 BRADENTON, FL 34205 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		01052008      Chg-P      CR2E034 (12/06)	
4. FEI Number <b>59-2646202</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>MAURITZ, SIEGFRIED 3528 14TH ST W LOT C4 BRADENTON, FL 34205</b>			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ONDREJKO, ALFARIE</b> <i>SPELLING CORRECTION</i> <input type="checkbox"/> Delete 3528 14TH ST W LOT E-12 BRADENTON, FL 34205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>ONDREJKO, MARIE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3528 14TH ST W LOT E12 BRADENTON, FL 34205		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>HORBOLT, GORDON</b> <input checked="" type="checkbox"/> Delete 3528 14TH ST W LOT B16 BRADENTON, FL 34205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PARKS, LARRY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3528 14TH ST W LOT D16 BRADENTON, FL 34205		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>JENNINGS, BEVERLEY</b> <input checked="" type="checkbox"/> Delete 3528 14TH STREET WEST, L-9 BRADENTON, FL 34205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>FRAPPIER, MARCEL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3528 14TH ST W LOT E5 BRADENTON, FL 34205		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>DIEHL, VIRGINIA</b> <input type="checkbox"/> Delete 3528 14TH STREET W LOT E1 BRADENTON, FL 34205	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>CHILSON, NORMAN</b> <input type="checkbox"/> Delete 3528 14TH STREET W LOT A3 BRADENTON, FL 34205	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>HARBOLT, JUNIOR</b> <input checked="" type="checkbox"/> Delete 3528 14TH ST W LOT B-7 BRADENTON, FL 34205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>RUSSELL, JERRY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3528 14TH ST W LOT J4 BRADENTON, FL 34205		
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 607, 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.					
<b>SIGNATURE:</b> <i>Norman Chilson (PRES)</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-16-08 607-422-5773 <small>Date      Daytime Phone #</small>		