2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005
Secretary of State

DOCUMENT# N00000000127

Entity Name: DECO PALM CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

210 COMO ST
TAMPA, FL 33606

New Principal Place of Business:

624 LUZON AVE
TAMPA, FL 33606

Current Mailing Address:

210 COMO ST
TAMPA, FL 33606

New Mailing Address:

624 LUZON AVE
TAMPA, FL 33606

FEI Number: 59-5672334 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COUSINS-SAVAGE, WENDY S
210 COMO ST
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

COUSINS-SAVAGE, WENDY S
624 LUZON AVE
TAMPA, FL 33606 US

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.

SIGNATURE: WENDY COUSINS-SAVAGE 01/10/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COUSIN-SAVAGE, WENDY S
Address: 210 COMO ST
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete
Name: SAVAGE, ROBERT K
Address: 210 COMO STREET
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete
Name: COUSINS, CARISSA S
Address: 111TH 90TH AVE.
City-St-Zip: TREASURE ISLAND, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: COUSIN-SAVAGE, WENDY S
Address: 624 LUZON AVE
City-St-Zip: TAMPA, FL 33606

Title: D (X) Change ( ) Addition
Name: SAVAGE, ROBERT K
Address: 624 LUZON AVE
City-St-Zip: TAMPA, FL 33606

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WENDY COUSINS-SAVAGE D 01/10/2005
Electronic Signature of Signing Officer or Director Date