

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000127

FILED
Feb 27, 2006
Secretary of State

Entity Name: DECO PALM CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

624 LUZON AVE
TAMPA, FL 33606

New Principal Place of Business:

1605 GULF WAY
ST. PETE BEACH, FL 33706

Current Mailing Address:

624 LUZON AVE
TAMPA, FL 33606

New Mailing Address:

725 NINA DR.
TIERRA VERDE, FL 33715

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
624 LUZON AVE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

COUSINS-SAVAGE, WENDY S
725 NINA DR
TIERRA VERDE, FL 33715 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

02/27/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: COUSIN-SAVAGE, WENDY S
Address: 725 NINA DR
City-St-Zip: TIERRA VERDE, FL 33715

Title: D (X) Change () Addition
Name: SAVAGE, ROBERT K
Address: 725 NINA DR
City-St-Zip: TIERRA VERDE, FL 33715

Title: D (X) Change () Addition
Name: BETTENDORF, LINDSEY
Address: 1605 GULF WAY, UNIT 1
City-St-Zip: ST. PETE BEACH, FL 33706

Title: D () Change (X) Addition
Name: GLASSEY, GERALD
Address: 1605 GULF WAY, UNIT 3
City-St-Zip: ST. PETE BEACH, FL 33706

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

02/27/2006

Electronic Signature of Signing Officer or Director

Date