

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007966

FILED
Apr 16, 2007
Secretary of State

Entity Name: PALM VILLA OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

218 EAST BEARS AVE
SUITE #409
TAMPA, FL 33613

New Principal Place of Business:

218 EAST BEARSS AVE
SUITE #409
TAMPA, FL 33613

Current Mailing Address:

218 EAST BEARS AVE
SUITE #409
TAMPA, FL 33613

New Mailing Address:

218 EAST BEARSS AVE
SUITE #409
TAMPA, FL 33613

FEI Number: 59-3703467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOBBS, ROBERT
3719 SWANN AVE
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

SCAGLIONE, RONALD E
218 E BEARSS AVE
SUITE # 409
TAMPA, FL 33613 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: RONALD E. SCAGLIONE

04/16/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPTS () Delete
Name: SCAGLIONE, RONALD
Address: 218 E BEARSS AVE
City-St-Zip: TAMPA, FL 33613 US

Title: D () Delete
Name: HOLCOMB, RODNEY DR.
Address: 15303 AMBERLY DR SUITE D
City-St-Zip: TAMPA, FL 33647 US

Title: D () Delete
Name: FARINA, MARK DR.
Address: 15303 AMBERLY DR SUITE E
City-St-Zip: TAMPA, FL 33647 US

Title: D (X) Delete
Name: ZAYAS MILETTI ENTERP, RISES, INC.
Address: 13601 BRUCE B DOWNS, SUITE 310
City-St-Zip: TAMPA, FL 33613 US

Title: D (X) Delete
Name: HOLDINGS, TIERRA
Address: 218 EAST BEARSS AVE #A09
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: RONALD E. SCAGLIONE

PRES

04/16/2007

Electronic Signature of Signing Officer or Director

Date