

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000007966

1. Entity Name
PALM VILLA OWNERS ASSOCIATION, INC.



Principal Place of Business
**218 EAST BEARSS AVE
SUITE #409
TAMPA, FL 33613**

Mailing Address
**218 EAST BEARSS AVE
SUITE #409
TAMPA, FL 33613**



02132008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
59-3703467

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

U000000234332

02/20/08 00050 001 61.25

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------|
| TITLE | DPTS |
| NAME | SCAGLIONE, RONALD |
| STREET ADDRESS | 218 E BEARSS AVE |
| CITY-ST-ZIP | TAMPA, FL 33613 |
| TITLE | D |
| NAME | HOLCOMB, RODNEY DR. |
| STREET ADDRESS | 15303 AMBERLY DR SUITE D |
| CITY-ST-ZIP | TAMPA, FL 33647 |
| TITLE | D |
| NAME | FARINA, MARK DR. |
| STREET ADDRESS | 15303 AMBERLY DR SUITE E |
| CITY-ST-ZIP | TAMPA, FL 33647 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.