

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007966

FILED  
Feb 02, 2009  
Secretary of State

Entity Name: PALM VILLA OWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

218 EAST BEARSS AVE  
SUITE #409  
TAMPA, FL 33613

## New Principal Place of Business:

## Current Mailing Address:

218 EAST BEARSS AVE  
SUITE #409  
TAMPA, FL 33613

## New Mailing Address:

FEI Number: 59-3703467

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HOLCOMBE, RODNEY DR  
Address: 15303 AMBERLY DRIVE  
City-St-Zip: TAMPA, FL 33637 US

Title: VP (X) Change ( ) Addition  
Name: FARINA, MARK DR  
Address: 15303 AMBERLY DR SUITE  
City-St-Zip: TAMPA, FL 33647 US

Title: S (X) Change ( ) Addition  
Name: ZAYAS, EGBERTO DR  
Address: 15303 AMBERLY DRIVE  
City-St-Zip: TAMPA, FL 33637 US

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

RA

02/02/2009

Electronic Signature of Signing Officer or Director

Date