

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90192 037 \*\*\*\*61.25

<b>DOCUMENT # N01000003961</b> 1. Entity Name <b>THE PALMS AT SEVEN HILLS HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>4130 LAMSON AVE SPRING HILL, FL 34608</b>		Mailing Address <b>4128 LAMSON AVE SPRING HILL, FL 34609</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>4130 LAMSON AVENUE</b> Suite, Apt. #, etc.	
City & State <b>SPRING HILL, FLORIDA</b>		4. FEI Number <b>59-3736882</b>	
Zip <b>34608-3744</b>		Country <b>FL</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>ABELL, CHARLSE 4130 LAMSON AVE SPRING HILL, FL 34608</b>		7. Name and Address of New Registered Agent Name <b>ABELL, CHARLES</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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: <span style="float: right;">2-23-05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>		10. OFFICERS AND DIRECTORS	
TITLE- NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>AUVIL, GENE H</b> <b>355 ROYAL PALM WAY</b> <b>SPRING HILL, FL 34608</b>	<input checked="" type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KELLER, RICHARD</b> <b>227 ROYAL PALM WAY</b> <b>SPRING HILL, FLORIDA 34608</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>EATON, ROBERT D</b> <b>4530 COMMERCIAL WAY</b> <b>SPRING HILL, FL 34606</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>EINHAUS, SHIRLEY</b> <b>226 ROYAL PALM WAY</b> <b>SPRING HILL, FL 34608</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MEYER, GEORGIANA</b> <b>296 ROYAL PALM WAY</b> <b>SPRING HILL, FLORIDA 34608</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FERRARA, PHILIP</b> <b>417 ROYAL PALM WAY</b> <b>SPRING HILL, FL 34608</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>REED, PAUL</b> <b>223 ROYAL PALM WAY</b> <b>SPRING HILL, FL 34608</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify 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 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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <span style="float: right;">2-18-05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			