

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90261 038 \*\*\*\*61.25

**DOCUMENT # N01000003961**

1. Entity Name  
**THE PALMS AT SEVEN HILLS HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**4130 LAMSON AVE  
SPRING HILL, FL 34608**

Mailing Address  
**4130 LAMSON AVE  
SPRING HILL, FL 34608**

**20001387**



01092006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3736882**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ABELL, CHARLES  
4130 LAMSON AVE  
SPRING HILL, FL 34608**

**DO NOT WRITE  
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)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELLER, RICHARD 227 ROYAL PALM WAY SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUGGERIO, SALVATORE 375 ROYAL PALM WAY SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEYER, GEORGIANA 296 ROYAL PALM WAY SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERRARA, PHILIP 417 ROYAL PALM WAY SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICHARD T. KELLER**

Date

**1/10/06 352 666-0721**

Daytime Phone #