

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90113 029 ****61.25

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| | | | | | |
|---|--|---------------------|---------|---|--|
| DOCUMENT # N01000003961 1. Entity Name THE PALMS AT SEVEN HILLS HOMEOWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 3300 COMERCIAL WAY SPRING HILL, FL. 34606-2617 | | | | Mailing Address 3300 COMERCIAL WAY SPRING HILL, FL. 34606-2617 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3736882 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| ABELL, CHARLES 3300 COMMERCIAL WAY SPRING HILL, FL. 34606-2617 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | FL Zip Code | |
| SIGNATURE _____ | | | | DATE _____ | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | |
| | | | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | P KELLER, RICHARD <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 227 ROYAL PALM WAY | | | NAME | |
| STREET ADDRESS | SPRING HILL, FL 34608 | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | |
| TITLE | VP RUGGERIO, SALVATORE <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 375 ROYAL PALM WAY | | | NAME | |
| STREET ADDRESS | SPRING HILL, FL 34608 | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | |
| TITLE | S MEYER, GEORGIANA <input checked="" type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 296 ROYAL PALM WAY | | | NAME | (S) SHARPLEY, LATREETHA |
| STREET ADDRESS | SPRING HILL, FL 34608 | | | STREET ADDRESS | 233 ROYAL PALM WAY |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | SPRING HILL, FLORIDA 34608 |
| TITLE | T FERRARA, PHILIP <input checked="" type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 417 ROYAL PALM WAY | | | NAME | (TR) FONZO, FRANK |
| STREET ADDRESS | SPRING HILL, FL 34608 | | | STREET ADDRESS | 232 ROYAL PALM WAY |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | SPRING HILL, FLORIDA 34608 |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | |
| 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: | | | | FRANK FONZO | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date 1-29-07 | |
| | | | | Daytime Phone # | |