


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 15, 2004 08:00 AM
Secretary of State**

DOCUMENT # N02000001531 1. Entity Name OLD PALM HARBOR VILLAGE CENTER ASSOCIATION, INC.		
Principal Place of Business P.O. BOX 213 PALM HARBOR, FL 34682	Mailing Address P.O. BOX 213 PALM HARBOR, FL 34682	



01122004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3648828	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RUSSILLO, PAUL 258 FLORIDA AVE. CRYSTAL BEACH, FL 34681	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

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	ST RUSSILLO, PAUL 258 FLORIDA AVE. CRYSTAL BEACH, FL 34681
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV AZARA, JOHN 137 SHORE DR. PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOGUE, NANCY PO BOX 280 DANVILLE, VT 05828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RUSSILLO, RICK P.O. BOX 2472 PALM HARBOR, FL 34682
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000005528
01/15/04-80054-020 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Paul Russo Paul Russo 1/12/04 727-786-4248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #