## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000001531

FILED Jul 29, 2005 Secretary of State

Entity Name: OLD PALM HARBOR VILLAGE CENTER ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 213 PO BOX 21

PALM HARBOR, FL 34682 PALM HARBOR, FL 34683

Current Mailing Address: New Mailing Address:

P.O. BOX 213 P.O. BOX 213

PALM HARBOR, FL 34682 PALM HARBOR, FL 34683

FEI Number: 11-3648828 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RUSSILLO, PAUL AZARA, JOHN 258 FLORIDA AVE. 137 SHORE DR

CRYSTAL BEACH, FL 34681 US OZONA, FL 34660 US

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: JOHN AZARA 07/29/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST () Delete Title: DV (X) Change () Addition

 Name:
 RUSSILLO, PAUL
 Name:
 AZARA, JOHN

 Address:
 258 FLORIDA AVE.
 Address:
 PO BOX 6828

 City-St-Zip:
 CRYSTAL BEACH, FL 34681
 City-St-Zip:
 OZONA, FL 34660

Title: DV ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 AZARA, JOHN
 Name:

 Address:
 137 SHORE DR.
 Address:

 City-St-Zip:
 PALM HARBOR, FL 34683
 City-St-Zip:

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 HOGUE, NANCY
 Name:

 Address:
 PO BOX 280
 Address:

 City-St-Zip:
 DANVILLE, VT 05828
 City-St-Zip:

Title: DP (X) Delete Title: ( ) Change ( ) Addition

 Name:
 RUSSILLO, RICK
 Name:

 Address:
 P.O. BOX 2472
 Address:

 City-St-Zip:
 PALM HARBOR, FL 34682
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN AZARA DV 07/29/2005