


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90071 024 ****61.25

DOCUMENT # N02000004929 1. Entity Name SEVEN PALMS ASSOCIATION, INC.					
Principal Place of Business 1810 SOUTH MACDILL AVENUE TAMPA, FL 33629				Mailing Address 1810 SOUTH MACDILL AVENUE TAMPA, FL 33629	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 01-0771188	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
OSSI, FAREED 1810 SOUTH MACDILL AVENUE TAMPA, FL 33629				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL 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 _____ (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. <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	CEOT		TITLE		
NAME	OSSI, FAREED <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	1810 SOUTH MACDILL AVENUE		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL 33629		CITY - ST - ZIP		
TITLE	STD <input checked="" type="checkbox"/> Delete		TITLE	DD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	OSSI, ROBERT		NAME	LOWRY, ALLISON	
STREET ADDRESS	1810 SOUTH MACDILL AVENUE		STREET ADDRESS	5504 S. MACDILL AVE	
CITY - ST - ZIP	TAMPA, FL 33629		CITY - ST - ZIP	TAMPA, FL 33611	
TITLE	DD <input type="checkbox"/> Delete		TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OSSI, DANNY		NAME	OSSI, DANNY	
STREET ADDRESS	1810 SOUTH MACDILL AVENUE		STREET ADDRESS	1810 S. MACDILL AVE	
CITY - ST - ZIP	TAMPA, FL 33629		CITY - ST - ZIP	TAMPA, FL 33611	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE		
NAME	OSSI, JOHN		NAME		
STREET ADDRESS	1810 S MACDILL AVE		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL 33629		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		
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: <i>James Du</i>			1/6/06 813 254-6774		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		