

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90063 024 \*\*\*\*61.25

**DOCUMENT # N03000005218**  
 1. Entity Name  
**PALMA VISTA TOWNHOMES ASSOCIATION, INC.**



Principal Place of Business  
**3717 W NORTH B STREET  
 TAMPA, FL 33609**

Mailing Address  
**3717 W NORTH B STREET  
 TAMPA, FL 33609**

bb013743



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
**GREENACRE PROPERTIES INC**  
 State, Apt. #, etc.  
**4131 GUNN HWY**  
 City & State  
**TAMPA FL**  
 Zip  
**33618**  
 Country  
**HILLSBOROUGH**

02102005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**APPLIED FOR 810621840**

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

6. Name and Address of Current Registered Agent  
**MILLER, RANDELL  
 315 S. HYDE PARK AVE  
 TAMPA, FL 33608**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	MORRIS, J MICHAEL	3717 W NORTH B STREET	TAMPA, FL 33609	<input type="checkbox"/>
VD	SEIDENBERG, DAVID G	3717 W NORTH B STREET	TAMPA, FL 33609	<input type="checkbox"/>
STD	ANGELILLI, ERNEST L III	3717 W NORTH B STREET	TAMPA, FL 33809	<input type="checkbox"/>
D	HOEKSEMA, ALAN J	3717 W NORTH B STREET	TAMPA, FL 33609	<input type="checkbox"/>
D	KOHAN, MARGARET A	3717 W NORTH B STREET	TAMPA, FL 33609	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_