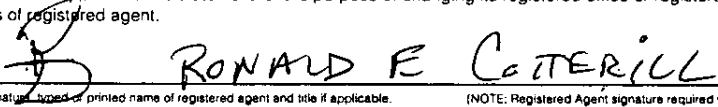


# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV 21 AM 9:21

DOCUMENT # N0300005218					
1. Entity Name PALMA VISTA TOWNHOMES ASSOCIATION, INC.					
Principal Place of Business 2717 W NORTH B STREET TAMPA, FL 33609		Mailing Address GREENACRE PROPERTIES INC 4131 GUNN HWY TAMPA, FL 33618			
2. Principal Place of Business 4131-GUNN HIGHWAY		3. Mailing Address 4131-GUNN HIGHWAY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TAMPA, FL.		City & State TAMPA, FL.		4. FEI Number 81-0621840	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 33618		Country USA		6. Name and Address of Current Registered Agent	
Zip 33618		Country USA		7. Name and Address of New Registered Agent	
<del>MILLER, RANDELL</del> <del>316 S HYDE PARK AVE</del> <del>TAMPA, FL 33606</del>				Name <b>RONALD COTTERILL</b> Street Address (P.O. Box Number is Not Acceptable) <b>1010 N Florida Ave.</b> City <b>TAMPA</b> FL Zip Code <b>33602</b>	
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		 <b>RONALD E COTTERILL</b>		DATE <b>11/13/06</b>	
Amended AR is \$61.25		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRIS, J MICHAEL		NAME	JOSEPH A AMON	
STREET ADDRESS	509 SOUTH HYDE PARK AVENUE		STREET ADDRESS	4914 ANNISTON CIRCLE	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	TAMPA FL 33647	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	V. PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEIDENBERG, DAVID G		NAME	BARBARA HAATER	
STREET ADDRESS	509 SOUTH HYDE PARK AVENUE		STREET ADDRESS	4902 ANNISTON CIR	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANGELILLI, ERNEST L III		NAME	MAUREEN CHRISTIANSON	
STREET ADDRESS	509 SOUTH HYDE PARK AVENUE		STREET ADDRESS	4929 ANNISTON CIR.	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	TAMPA, FL 33647	
TITLE		<input type="checkbox"/> Delete	TITLE	SECRETARY/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	KATHLEEN CONIGLIO	
STREET ADDRESS			STREET ADDRESS	4949 ANNISTON CIR.	
CITY-ST-ZIP			CITY-ST-ZIP	TAMPA, FL. 33647	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	11/21/06--01033--001	**\$61.25
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	300081984313	
CITY-ST-ZIP			CITY-ST-ZIP	11/21/06--01033--001	**\$61.25

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:  JOSEPH A. AMON Pres 11/1/06 (813) 620-3389  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #