

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90033 040 ****61.25

DOCUMENT # N03000005218					
1. Entity Name PALMA VISTA TOWNHOMES ASSOCIATION, INC.					
Principal Place of Business 4131 GUNN HIGHWAY TAMPA, FL 33618			Mailing Address 4131 GUNN HIGHWAY TAMPA, FL 33618		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01072008 Chg-NP CR2E037 (12/06)	
4. FEI Number 81-0621840				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			7. Name and Address of New Registered Agent		
COTTERILL, RONALD 1010 NORTH FLORIDA AVENUE TAMPA, FL 33602			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME AMON, JOSEPH A STREET ADDRESS 4914 ANNISTON CIRCLE CITY-ST-ZIP TAMPA, FL 33647	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME HARTER, BARBARA STREET ADDRESS 4902 ANNISTON CIRCLE CITY-ST-ZIP TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete		VPD Rutherford, Joe 4915 Anniston Circle Tampa, FL 33647	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE FD NAME CHRISTIANSON, MAUREEN STREET ADDRESS 4920 ANNISTON CIRCLE CITY-ST-ZIP TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete		T Harris, B.J. 4928 Anniston Circle Tampa, FL 33647	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME SPENCER, DAVID STREET ADDRESS 4084 ANNISTON CIRCLE CITY-ST-ZIP TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete		S Novak, Mike 4938 Anniston Circle Tampa, FL 33647	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		D Ward, Richard 4973 Anniston Circle Tampa, FL 33647	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>William J. Harris</i>			W. J. Harris J. Harris 3/5/08 813-		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		