

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005218

FILED
Apr 15, 2009
Secretary of State

Entity Name: PALMA VISTA TOWNHOMES ASSOCIATION, INC.

Current Principal Place of Business:

4131 GUNN HIGHWAY
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

4131 GUNN HIGHWAY
TAMPA, FL 33618

New Mailing Address:

FEI Number: 81-0621840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COTTERILL, RONALD
1010 NORTH FLORIDA AVENUE
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

CHRISTY, DOUGLAS
1010 N. FLORIDA AVE
TAMPA, FL 33602 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: DOUGLAS CHRISTY

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AMON, JOSEPH A
Address: 4914 ANNISTON CIRCLE
City-St-Zip: TAMPA, FL 33647

Title: VPD () Delete
Name: RUTHERFORD, JOE
Address: 4915 ANNISTON CIRCLE
City-St-Zip: TAMPA, FL 33647

Title: TD () Delete
Name: HARRIS, B.J.
Address: 4928 ANNISTON CIRCLE
City-St-Zip: TAMPA, FL 33647

Title: S () Delete
Name: NOVAK, MIKE
Address: 4938 ANNISTON CIRCLE
City-St-Zip: TAMPA, FL 33647

Title: D (X) Delete
Name: WARD, RICHARD
Address: 4973 ANNISTON CIRCLE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: AMON, JOSEPH A
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: T (X) Change () Addition
Name: HARRIS, B.J.
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: AT (X) Change () Addition
Name: ACHONG, DWIGHT
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: S (X) Change () Addition
Name: MILLER, ROSEANNE
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOSEPH AMON

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date