2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2008
Secretary of State

DOCUMENT# N03000010573

Entity Name: THE PALMS AT MINORCA OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

262 MINORCA BEACH WAY
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

262 MINORCA BEACH WAY
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

FEI Number: 73-1697219 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KARLA BAUMANN
116 CANAL STREET
SUITE A
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P/D	( ) Delete
Name:	BURI, ROY	
Address:	263 MINORCA BEACH WAY, # 706	
City-St-Zip:	NEW SMYRNA BEACH, FL 32169	
Title:	VP/D	( ) Delete
Name:	LINTZ, SUSAN	
Address:	265 MINORCA BEACH WAY #805	
City-St-Zip:	NEW SMYRNA BEACH, FL 32169	
Title:	T/D	( ) Delete
Name:	PTASHNIK, WILLIAM	
Address:	265 MINORCA BEACH WAY	
City-St-Zip:	NEW SMYRNA BEACH, FL 32169	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP/D	(X) Change ( ) Addition
Name:	LINTZ, SUE	
Address:	263 MINORCA BEACH WAY	
City-St-Zip:	NEW SMYRNA BEACH, FL 32169	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S/D	( ) Change (X) Addition
Name:	MCELIGOT, JACK	
Address:	265 MINORCA BEACH WAY	
City-St-Zip:	NEW SMYRNA BEACH, FL 32169	
Title:	D	( ) Change (X) Addition
Name:	STEARNS, RICH	
Address:	265 MINORCA BEACH WAY	
City-St-Zip:	NEW SMYRNA BEACH, FL	

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: ROY BURI P 01/27/2008

Electronic Signature of Signing Officer or Director — Date