

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90050 021 ****61.25

DOCUMENT # N04000010109 1. Entity Name PALMEIRA VILLAS AT SEAGROVE BEACH OWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 4946 SEASIDE, FL 32459			Mailing Address P.O. BOX 4946 SEASIDE, FL 32459		
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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEUZE, DAVID 59 CANAL ST SANTA ROSA BEACH, FL 32459				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE _____				4. FEI Number 11-3746213	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Filing Fee is \$61.25 Due by May 1, 2007		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			
TITLE	DP	<input checked="" type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
NAME	KIRBY, TIM		TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MCCARTY, RUSSELL	
STREET ADDRESS	4640 DESTINY WAY		STREET ADDRESS	PO Box 16431	
CITY - ST - ZIP	DESTIN, FL 32541		CITY - ST - ZIP	MIRAMAR BEACH FL 32550	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CLARK, DAND	
NAME	KIRBY, SCOTT		NAME	816 CHERRY ST	
STREET ADDRESS	4640 DESTINY WAY		STREET ADDRESS	TALLAHASSEE FL 32303	
CITY - ST - ZIP	DESTIN, FL 32541		CITY - ST - ZIP		
TITLE	DST	<input checked="" type="checkbox"/> Delete	TITLE	DST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KELLY STONE	
NAME	LARSH, DAWN		NAME	4384 Clearwater Way, S	
STREET ADDRESS	11714 EMERALD COAST PARKWAY SUITE 5		STREET ADDRESS	Lexington KY 40515	
CITY - ST - ZIP	MIRAMAR BEACH, FL 2550		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: _____		_____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/19/07 Date	
				699-0928 267-3081 Daytime Phone #	