
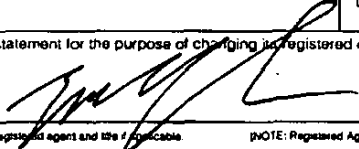



FILED
Jun 04, 2008 8:00 am
Secretary of State

04-24-2008 90098 046 ****61.25

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT,

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 # Palmeira Villas of Seagrove Beach 71 Suite, Apt. #, etc.		3. Mailing Address PO BOX 611604 Suite, Apt. #, etc.	
City & State Seagrove Beach 71 Zip 32459 Country		City & State Rosemary Beach 71 Zip 32461 Country	
4. FEI Number 11-3746213		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEUZE, DAVID 59 CANAL ST SANTA ROSA BEACH, FL 32459		7. Name and Address of New Registered Agent Name: COASTAL Properties Association Street Address (P.O. Box Number is Not Acceptable): Zach Johnson 36132 Emerald Coast Pkwy City: Destin FL Zip Code: 32241	
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:  DATE: 4/21/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing.)</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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCCARTY, RUSSELL PO BOX 6431 MIRAMAR BEACH, FL 32550 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CLARK, DAVID 816 CHERRY ST TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST STONE, KELLY 4384 CLEARWATER WAY, S LEXINGTON, KY 40515 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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
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
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 05-29-08 Daytime Phone #: 850-699-0928	

Russell McCarty, Jr.