

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT


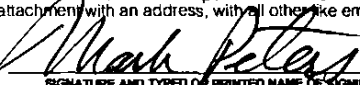
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07082007 Chg-NP CR2E037 (12/06)

DOCUMENT # N04000011913					
1. Entity Name SEDONA PALMS PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 2001 9TH AVENUE #308 VERO BEACH, FL 32960			Mailing Address 2001 9TH AVENUE #308 VERO BEACH, FL 32960		
2. Principal Place of Business - No P.O. Box # 807 Greenleaf Circle			3. Mailing Address 807 Greenleaf Circle		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Vero Beach, FL		City & State Vero Beach, FL		4. FEI Number 20-2659831	
Zip 32960		Country Indian River		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MERRILL, KAREN ELLIOTT MERRILL MGMT 835 20TH PL VERO BEACH, FL 32960				7. Name and Address of New Registered Agent Name Gregg M. Casalino Street Address (P.O. Box Number is Not Acceptable) O'Haire Quinn Candler & Casalino, Chtd. 3111 Cardinal Drive City Vero Beach, FL Zip Code 32963	
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 <u>Gregg M. Casalino</u>  7/24/07 Signature, typed or printed name of registered agent and title if applicable. (If not a Registered Agent signature required when renewing) DATE					
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	PD NUSSBAUM, CHRISTOPHER 899 GREENLEAF CIRCLE VERO BEACH, FL 32960 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100107468071 08/07/07--01061--007 **\$1.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PETERS, MARK 827 GREENLEAF CIRCLE VERO BEACH, FL 32960 <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	SD MELBOURNE, CATHERINE 840 GREENLEAF CIRCLE VERO BEACH, FL 32960 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Kimberly Gardner <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 828 Greenleaf Circle VERO BEACH, FL 32960		
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 <u>Mark Peters</u>  Mark Peters 7/21/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					