

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED  
AND  
FILED

07 NOV -8 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RD 11907



11032007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N04000011913</b>					
<b>1. Entity Name</b> SEDONA PALMS PROPERTY OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 807 GREENLEAF CIRCLE VERO BEACH, FL 32960			<b>Mailing Address</b> 807 GREENLEAF CIRCLE VERO BEACH, FL 32960		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-2659831	
<b>Zip</b>		<b>Country</b>		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
CASALINO, GREGG M O'HAIRE QUINN CANDLER & CASALINO, CHTD 3111 CARDINAL DRIVE VERO BEACH, FL 32963			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> NUSSBAUM, CHRISTOPHER <b>STREET ADDRESS</b> 899 GREENLEAF CIRCLE <b>CITY-ST-ZIP</b> VERO BEACH, FL 32960	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> TRUMBLE, JASON <b>STREET ADDRESS</b> 893 GREENLEAF CIRCLE <b>CITY-ST-ZIP</b> VERO BEACH, FL 32960	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> PETERS, MARK <b>STREET ADDRESS</b> 827 GREENLEAF CIRCLE <b>CITY-ST-ZIP</b> VERO BEACH, FL 32960	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition 700112269367 11/14/07--01014--012 **\$1.25		
<b>TITLE</b> SD <b>NAME</b> GARDNER, KIMBERLY <b>STREET ADDRESS</b> 828 GREENLEAF CIRCLE <b>CITY-ST-ZIP</b> VERO BEACH, FL 32960	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> SD <b>NAME</b> FARRAGHER, LIAM <b>STREET ADDRESS</b> 820 GREENLEAF CIRCLE <b>CITY-ST-ZIP</b> VERO BEACH, FL 32960	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> VD <b>NAME</b> Di DOMIZIO, ALBERT <b>STREET ADDRESS</b> 882 GREENLEAF CIRCLE <b>CITY-ST-ZIP</b> VERO BEACH, FL 32960	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> SCHRECKENGOST, BRENT <b>STREET ADDRESS</b> 841 GREENLEAF CIRCLE <b>CITY-ST-ZIP</b> VERO BEACH, FL 32960	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Mark F. Peters</i>			11/14/07 772-240-2811		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		