

**2008 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000011913

1. Entity Name
**SEDONA PALMS PROPERTY OWNERS ASSOCIATION,
INC.**



Principal Place of Business
**807 GREENLEAF CIRCLE
VERO BEACH, FL 32960**

Mailing Address
**807 GREENLEAF CIRCLE
VERO BEACH, FL 32960**

DO NOT WRITE IN THIS SPACE



02102008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
20-2659831

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CASALINO, GREGG M
O'HAIRE QUINN CANDLER & CASALINO, CHTD
3111 CARDINAL DRIVE
VERO BEACH, FL 32963**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
DI DOMIZIO, ALBERT,
882 GREENLEAF CIRCLE
VERO BEACH, FL 32960**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
PETERS, MARK
827 GREENLEAF CIRCLE
VERO BEACH, FL 32960**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
TRUMBLE, JASON
893 GREENLEAF CIRCLE
VERO BEACH, FL 32960**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
FARRAGHER, LIAM
820 GREENLEAF CIRCLE
VERO BEACH, FL 32960**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SCHRECONGOST, BRENT
841 GREENLEAF CIRCLE
VERO BEACH, FL 32960**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000842971
03/11/08-80052-003 70.00

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark Peters

MARK PETERS

2/20/08 172-299-181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #