

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90252 035 \*\*\*\*61.25

**DOCUMENT # N05000004736**

1. Entity Name  
**DISCOVERY PALMS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**12806 MADISON POINTE CIRCLE  
ORLANDO, FL**

Mailing Address  
**12806 MADISON POINTE CIRCLE  
ORLANDO, FL**

40091866



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**20-2611187**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AZAM, ASIMA M  
248 ORANGE AVE STE 200  
ORLANDO, FL 32862**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

**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  
VP  
CAVANAUGH, KEVIN  
450 B ST SUITE 1900  
SAN DIEGO, CA 92101 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**President**  
**S. Gregory Hays**  
**Atlanta Financial Ctr.**  
**3343 Peachtree Rd. NE, Ste 200**  
**Atlanta GA 30326** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Treasurer**  
**Colt Conner**  
**Atlanta Financial Ctr.**  
**3343 Peachtree Rd. NE, Suite 200**  
**Atlanta GA 30326** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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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

4/29/08

Date

407 842 6000

Daytime Phone #