2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # N05000006967

1. Entity Name
BREMILIE PALMS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
100 SW ALBANY AVENUE, SUITE 110 STUART, FL 34994	100 SW ALBANY AVENUE, SUITE 110 STUART, FL 34994

04092007   Chg-NP   CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number **NOT APPLICABLE** | Applied For / Not Applicable

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**
SCHAFFER, MARTIN 100 SW ALBANY AVENUE, SUITE 110 STUART, FL 34994	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, 2007	**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	PD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SCHAFFER, MARTIN		NAME	U000000708741	
STREET ADDRESS	100 SW ALBANY AVENUE, SUITE 110		STREET ADDRESS	04/24/07-80126-011 61.25	
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MORGINSTIN, ELIEZER		NAME		
STREET ADDRESS	100 SW ALBANY AVENUE, SUITE 110		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP		
TITLE	S	☒ Delete	TITLE	☐ Change	☐ Addition
NAME	GREENE, JOHN		NAME		
STREET ADDRESS	100 SW ALBANY AVENUE, SUITE 110		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	CHAPMAN, RICHARD		NAME		
STREET ADDRESS	100 SW ALBANY AVENUE, SUITE 110		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: _____   4/13/07   772-463-0154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #