

DOCUMENT # N05000008415

1. Entity Name
PALMBROOKE TOWNHOMES PROPERTY OWNERS
ASSOCIATION, INC.Principal Place of Business
2637 MCCORMICK DR
CLEARWATER, FL 33759Mailing Address
2637 MCCORMICK DR
CLEARWATER, FL 33759

FILED

2008 SEP -8 AM 10:35



07222008 Chg-NP CR2E037 (12/06)

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

5008 W Linebaugh Ave

3. Mailing Address

5008 W Linebaugh Ave

Suite, Apt. #, etc.

Suite 15

Suite, Apt. #, etc.

Suite 15

City & State

Tampa FL

City & State

Tampa FL

Zip

33624

Country

USA

Zip

33624

Country

USA

4. FEI Number
20-3342424

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

FLOWERS, GE
2637 MCCORMICK DR
CLEARWATER, FL 33759

7. Name and Address of New Registered Agent

Name Avid Property Management, Inc.

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

5008 W Linebaugh Ave

Suite 15

City

Tampa

FL

Zip Code

33624

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FLOWERS, GE	
STREET ADDRESS	2637 MCCORMICK DR	
CITY-ST-ZIP	CLEARWATER, FL 33759	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MILLER, LARRY	
STREET ADDRESS	2637 MCCORMICK DR	
CITY-ST-ZIP	CLEARWATER, FL 33759	

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	WIRES, JESSICA	
STREET ADDRESS	2637 MCCORMICK DR	
CITY-ST-ZIP	CLEARWATER, FL 33759	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel Wendt	
STREET ADDRESS	5008 W Linebaugh Ave	
CITY-ST-ZIP	Tampa FL 33624	

TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hannelore Sieder	
STREET ADDRESS	5008 W Linebaugh Ave	
CITY-ST-ZIP	Tampa FL 33624	

TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Toana Annunziata	
STREET ADDRESS	5008 W Linebaugh Ave #15	
CITY-ST-ZIP	Tampa, FL 33624	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-868-1104