# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 07, 2008 08:00 AM**
**Secretary of State**

DOCUMENT # N05000011980

1. Entity Name
PALM OF MADEIRA RESORT CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 8660 PINE TREE DRIVE NORTH<br>SEMINOLE, FL 33772 | 8660 PINE TREE DRIVE NORTH<br>SEMINOLE, FL 33772 |

01052008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
20-3865826
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JONATHAN JAMES DAMONTE, CHTD
12110 SEMINOLE BLVD
LARGO, FL 33778

**DO NOT WRITE IN THIS SPACE**

7. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changed)

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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000775407
01/08/08-80027-025 61.25

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PSTD |
| NAME | HARPER, THOMAS E |
| STREET ADDRESS | 8660 PINE TREE DRIVE NORTH |
| CITY-ST-ZIP | SEMINOLE, FL 33772 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| CITY-ST-ZIP | |

**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:** Thomas E Harper 1/5/08 727-398-1242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #