2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05321

SIGNATURE:

CONDOMINIUM/ASSOCIATION OF PALMETTO VILLAGE.



FILED May 16, 2008 8:00 am Secretary of State

05-16-2008 90020 048 ****61.25

Principal Place of Dusiness Mailro Address 12600 NW HARBOUR RIDGE BLVD PAIN CITY, R. 34990 US	INC			6.2	Table 1					
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CORNETT, JANE CORNETT, JANE CORNETT, GOOGE & ASSOCIATES, PA 401 E OSCEOLA STREET, FIRST FLOOR PALM CITY, FL 34990 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 Flonda. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILING Foe is \$61.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Controvition. DESCRIPPER, LAWRENCE SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS 1340 HARBOUR RIDGE BLVD PALM CITY, FL 34990 DESCRIPPER, FL 34990 DESCRIPPER, FL 34990 DESCRIPPER, FL 34990 DESCRIPPER, LAWRENCE SIRET ADDRESS SIRET	Zip Country		Zip Country			5. Certificate of	Status Desired		\$8.75 Add	itional
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Sireet Address (P.O. Box Number is Not Acceptable) City FL Zip Code	CODNETT IANE			Na	Name					
PALM CITY, FL 34990 8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent. Signature: Signature: Signature	CORNETT, GOOGE & ASSOCIATES, PA				Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or primod name of registered agent and title if applicable. (NOTE Registered Agent agrinuture recursed when reinstating) DATE						 				
THE DEPTH OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS TILE SIGNATURE State Due by May 1, 2008 State				Cit	:y			FL	Zip Code	
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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.										