
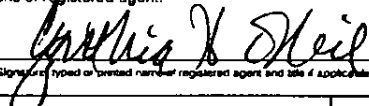
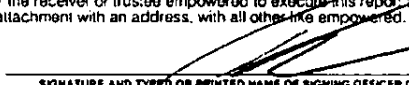


FILED
Mar 30, 2007 8:00 am
Secretary of State

3/1

03-16-2007 90020 033 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000001571					
1. Entity Name PALMETTO WOODS PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 509 ANASTASIA BOULEVARD ST. AUGUSTINE, FL 32080			Mailing Address 509 ANASTASIA BOULEVARD ST. AUGUSTINE, FL 32080		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-4313105	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAHNEMANN, RIBERT H 170 MALAGA STREET SUITE A ST. AUGUSTINE, FL 32084			7. Name and Address of New Registered Agent Name MAY Management Services, Inc Street Address (P.O. Box Number is Not Acceptable) 5455 A1A South City St. Augustine FL Zip Code 32080		
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  DATE 3/1/07 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAHNEMANN, ROBERT H	NAME			
STREET ADDRESS	509 ANASTASIA BOULEVARD	STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCLEOD, WILLIAM	NAME			
STREET ADDRESS	509 ANASTASIA BOULEVARD	STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PADGETT, SUE	NAME			
STREET ADDRESS	509 ANASTASIA BOULEVARD	STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE _____ DAYTIME PHONE # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

66007233



02012007 Chg-NP CR2E037 (12/06)