


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90042 014 \*\*\*\*70.00

<b>DOCUMENT # N06000003300</b>					
<b>1. Entity Name</b> THE PALMS AT SUMMER OAK HOMEOWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> 418 HIDDEN ISLAND DRIVE PANAMA CITY BEACH, FL 32408			<b>Mailing Address</b> 418 HIDDEN ISLAND DRIVE PANAMA CITY BEACH, FL 32408		
<b>2. Principal Place of Business - No P.O. Box #</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> 6440 A Summer Oak Dr Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b> Panama City Beach, FL		<b>4. FEI Number</b> 20-4549495	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>Zip</b> 32408		<b>Country</b> USA		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> DONALSON, ALAN 418 HIDDEN ISLAND DRIVE PANAMA CITY BEACH, FL 32408			<b>7. Name and Address of New Registered Agent</b> Name: Rebecca Brown Street Address (P.O. Box Number is Not Acceptable): 6442 C Summer Oak Dr City: Panama City Beach, FL Zip Code: 32408		
<b>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.</b> SIGNATURE: <u>Rebecca Brown</u> DATE: <u>4-4-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PSD <b>NAME</b> DONALSON, ALAN <b>STREET ADDRESS</b> 418 HIDDEN ISLAND DRIVE <b>CITY-ST-ZIP</b> PANAMA CITY BEACH, FL 32408	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> V/D <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VT <b>NAME</b> BROWN, BECKY <b>STREET ADDRESS</b> 6440 S SUMMER OAK DRIVE <b>CITY-ST-ZIP</b> PANAMA CITY BEACH, FL 32408	<input type="checkbox"/> Delete		<b>TITLE</b> P.O. <b>NAME</b> Rebecca Brown <b>STREET ADDRESS</b> 6442 C Summer Oak Dr <b>CITY-ST-ZIP</b> Panama City Beach, FL 32408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> Dawn Otwell - T <b>STREET ADDRESS</b> 6440 A Summer Oak Dr <b>CITY-ST-ZIP</b> Panama City Beach, FL 32408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> S Kendra Wardlow <b>STREET ADDRESS</b> 6440 B Summer Oak Dr <b>CITY-ST-ZIP</b> Panama City Beach, FL 32408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Rebecca Brown</u>			Date: <u>4-4-08</u> Daytime Phone #		