



**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N06000003707</b> 1. Entity Name <b>PALM RIDGE ESTATES H.O.A, INC.</b>				<b>Mar 24, 2008 08: Secretary of St</b>	
Principal Place of Business <b>12433 PALM RIDGE DRIVE SAN ANTONIO, FL 33576 US</b>		Mailing Address <b>12433 PALM RIDGE DRIVE SAN ANTONIO, FL 33576 US</b>			
<b>DO NOT WRITE IN THIS SPACE</b>				03102008 No Chg-NP CR2E037 (4/06)	
				4. FEI Number <b>76-0822194</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BURNS, CHARLES T 12433 PALM RIDGE DRIVE SAN ANTONIO, FL 33576</b>				<b>DO NOT WRITE IN THIS SPACE</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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>U000000863123</b> <b>04/09/08-80034-024 61.25</b>			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P BURNS, CHARLES T 12433 PALM RIDGE DRIVE SAN ANTONIO, FL 33576				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP/T OLANIEL, ANDRES 12306 PALM STREET SAN ANTONIO, FL 33576				
TITLE NAME STREET ADDRESS CITY- ST- ZIP					
TITLE NAME STREET ADDRESS CITY- ST- ZIP					
TITLE NAME STREET ADDRESS CITY- ST- ZIP					
TITLE 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: <i>Andres Olaniel</i> <b>Andres OLANIEL</b>				3/21/08 813-727-5987	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	