

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000006466 1. Entity Name PALAZZO VILLAGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 28341 S TAMiami TRAIL - STE 4 BONITA SPRINGS, FL 34134			Mailing Address 28341 S TAMiami TRAIL - STE 4 BONITA SPRINGS, FL 34134		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address c/o Toll Brothers, Inc. Suite, Apt. #, etc. 250 Gibraltar Road			
City & State		City & State Horsham, Pennsylvania		4. FEI Number 20-5085392	
Zip		Zip 19044		Country Montgomery	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> SIGNATURE <u><i>Connie Bryan</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="text-align: center;"> CONNIE BRYAN SPECIAL ASSISTANT SECRETARY </div> <div style="text-align: center;"> <u>9/4/2007</u> <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GASPERICH, GARY <input type="checkbox"/> Delete % TOLL BROS, INC.-28341 S TAMiami TRAIL BONITA SPRINGS, FL 34134		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="border: 1px solid black; padding: 5px; text-align: center;"> 100109596161 09/18/07--01069--021 **61.25 </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD TORRES, DAVID <input type="checkbox"/> Delete % TOLL BROS, INC.-28341 S TAMiami TRAIL BONITA SPRINGS, FL 34134		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HAINS, GARY <input type="checkbox"/> Delete % TOLL BROS, INC.-28341 S TAMiami TRAIL BONITA SPRINGS, FL 34134		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Gary Hains</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 7/20/07		Daytime Phone # 239-732-7374