2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# N06000006522

Entity Name: VILLAS AT DATE PALM HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

500 64TH STREET S
GULFPORT, FL 33707

New Principal Place of Business:

1700 66TH STREET N
SUITE 310
ST. PETERSBURG, FL 33710

Current Mailing Address:

500 64TH STREET S
GULFPORT, FL 33707

New Mailing Address:

1700 66TH STREET N
SUITE 310
ST. PETERSBURG, FL 33710

FEI Number: 20-8642357 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SADORF, RICK W
1744 N. BELCHER ROAD
SUITE 150
CLEARWATER, FL, FL 33765 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: PACKER, HAROLD V
Address: 500 64TH STREET S
City-St-Zip: GULFPORT, FL 33707

Title: D (X) Delete
Name: PACKER, CAROL M
Address: 500 64TH STREET S
City-St-Zip: GULFPORT, FL 33707

Title: D (X) Delete
Name: PACKER, MISTY M
Address: 500 64TH STREET S
City-St-Zip: GULFPORT, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition
Name: DAMKOEHLER, SHAWN C
Address: 1700 66TH STREET N
City-St-Zip: ST. PETERSBURG, FL 33710

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAWN C. DAMKOEHLER DIR 04/25/2008

Electronic Signature of Signing Officer or Director — Date