2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000011858

PALMS POINTE OFFICE PARK OWNERS ASSOCIATION.



INC.				7	1121144 12474		
575 S. WICKHAM RD., SUITE E 578			lailing Address 575 S. WICKHAM RD., SUITE E VEST MELBOURNE, FL 32904		ባዘባብ <mark></mark> Τሊ <mark>%</mark> ₽		
2. Princinal P	Place of Business - No P.O. Box #	3. Mailing Address					
2. This part lass of Basiness The Tree Sex in		or manning records		1 1891481 611 90410	0 ini avii 80 in 00 in 00 in 00 in 00 in 00 in 10 i	BI 1861 .	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112008 Ch	Silg-(1) Silg-(1)		
City & State		City & State		4, FEI Number Applied For 20-5989206 Not Applicable			
Zip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registered Agent		
CLARK, C	OV 4		Name				
575 S. WIG	CKHAM RD., SUITE E LBOURNE, FL 32904		Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
***************************************	200011112,12 02001						
			City	•	FL Zip Code	-	
	named entity submits this statement for tions of registered agent.	or the purpose of changing its r	egistered office or reg	istered agent, or both, in	the State of Florida. I am familiar with, an	d accept	
SIGNATURE							
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature re-	quired when reinstating)	DATE		
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTOR		RECTORS			ES TO OFFICERS AND DIRECTORS IN 10)	
TITLE	PD CLARK COVA	☐ Delete		MICHAEL	20 0 1 10 6	Addition	
NAME STREET ADDRESS	CLARK, COY A 575 S. WICKHAM RD., SUITE E		NAME STREET ADDRESS	575 S. WI	CKHAM Rd.		
CITY-ST-ZIP			CITY-ST-ZIP	WEST ME	LBOURNE FL. 33	2904	
TITLE	VD	☐ Delete	TITLE		☐ Change [Addition	
NAME	MAGUIRE, MICHAEL		NAME STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	575 S. WICKHAM RD., SUITE E WEST MELBOURNE, FL 32904		CITY-ST-ZIP				
TITLE	STD	Delete	TITLE		☐ Change	Addition	
NAME	ROBB, ROBERT		NAME				
STREET ADDRESS CITY-ST-ZIP	575 S. WICKHAM RD., SUITE E WEST MELBOURNE, FL 32904		STREET ADDRESS CITY-ST-ZIP				
TITLE	TIGOT INCESSOR TO THE CONTRACT OF THE CONTRACT	☐ Delete	TITLE		☐ Change	Addition	
NAME			NAME		•		
STREET ADORESS			STREET ADDRESS CITY-ST-ZIP				
CITY-ST-ZIP		□ Dolero	- 		☐ Change	Addition	
TITLE NAME		☐ Delete	TITLE NAME		E. Grange		
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	1	☐ Delete	TITLE		Change	☐ Addilion	
		_ 54,6,6	141145				
NAME STREET ADDRESS			NAME STREET ADDRESS				
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 AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

321/723-9888

FILED

Mar 25, 2008 8:00 am Secretary of State

03-25-2008 90014 033 ****61.25

Daytime Phone #