


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N06868

1. Entity Name
 PALAMAR OAKS VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 4117 NEPTUNE RD
 ST. CLOUD, FL 34769 US

Mailing Address
 4117 NEPTUNE RD.
 ST. CLOUD, FL 34769 US

DO NOT WRITE IN THIS SPACE



04202004 No Chg-NP CR2E037 (10/03)

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COOPER, DENNIS
 4117 NEPTUNE ROAD
 SAINT CLOUD, FL 34769

DO NOT WRITE IN THIS SPACE

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: Dennis Cooper DATE: 4/27/04

Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	DRAWDY, THERESA
STREET ADDRESS	4105 NEPTUNE ROAD
CITY- ST- ZIP	SAINT CLOUD, FL 34769
TITLE	D
NAME	JONES, RODNEY
STREET ADDRESS	4109 NEPTUNE ROAD
CITY- ST- ZIP	SAINT CLOUD, FL 34769
TITLE	D
NAME	COOPER, DENNIS
STREET ADDRESS	4117 NEPTUNE RD.
CITY- ST- ZIP	SAINT CLOUD, FL 34769
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000153828
 05/04/04-80141-023 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Dennis Cooper DATE: 4/27/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR