


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90046 033 \*\*\*\*61.25

**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
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40028946



**DO NOT WRITE IN THIS SPACE**

02232007 No Chg-NP CR2E037 (4/06)

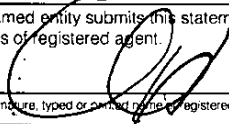
4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

COOPER, DENNIS  
 4117 NEPTUNE ROAD  
 SAINT CLOUD, FL 34769

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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:  DATE: 2-28-07

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

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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	

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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:  DATE: 2-28-07 DAYTIME PHONE #: 407-892-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR