



2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N07000005281 1. Entity Name PALMER OAKS CONDOMINIUM ASSOCIATION, INC.						FILED 08 SEP 10 AM 10:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 2907 W. BAY TO BAY BLVD., SUITE 301 TAMPA, FL 33629				Mailing Address 2907 W. BAY TO BAY BLVD., SUITE 301 TAMPA, FL 33629			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
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			
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.				4. FEI Number 20-0353659			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____			
Amended AR is \$61.25				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				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.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
PD HILL, JEFFREY 2907 W. BAY TO BAY BLVD., SUITE 301 TAMPA, FL 33629				PTD Jeffrey Hill 2907 Bay to Beach Blvd, Tampa, FL 33629			
VD MORIN, JEFF 2907 W. BAY TO BAY BLVD., SUITE 301 TAMPA, FL 33629				VPSP Deborah Dennison 2907 Bay to Beach Blvd, Tampa, FL 33629			
STD TORRIAN, RUSS 2907 W. BAY TO BAY BLVD., SUITE 301 TAMPA, FL 33629				D Marty Maayan 8648 Karpeal Dr, Sarasota, FL 34238			
100135639281 09/10/08--01013--026 **96.25				9/4/08 813-835-9200			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Jeffery Hill, President			