


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90030 038 ****61.25

DOCUMENT # N07000007074	
1. Entity Name OAKS OF PALM HARBOR FINANCIAL CENTRE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 2138 PALM HARBOR BLVD., STE. B PALM HARBOR, FL 34683	Mailing Address 2138 PALM HARBOR BLVD., STE. B PALM HARBOR, FL 34683
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2. Principal Place of Business - No P.O. Box # 412 E. TARPON AVE	3. Mailing Address 412 E. TARPON AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TARPON SPRINGS, FL	City & State TARPON SPRINGS, FL
Zip 34689	Zip 34689
Country USA	Country USA

40070601



02132008 Chg-NP CR2E037 (12/06)

4. FEI Number 26-0731780	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CAVALARIS, MICHAEL 2138 PALM HARBOR BLVD., STE. B PALM HARBOR, FL 34683		7. Name and Address of New Registered Agent Name ROBERT C BURKE JR. P.A. Street Address (P.O. Box Number is Not Acceptable) 412 E TARPON AVENUE City TARPON SPRINGS FL Zip Code 34689	
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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  (NOTE: Registered Agent signature required when reinstating) DATE **4/14/08**

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAVALARIS, MICHAEL 2138 PALM HARBOR BLVD., STE. B PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOURDON, PAUL W. 2138 PALM HARBOR BLVD., STE. B PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2142 PALM HARBOR BLVD., Ste B PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKE, ROBERT C. JR. 2138 PALM HARBOR BLVD., STE. B PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 412 E. TARPON AVENUE TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  (Director) DATE **4/14/08** 727-9337-4900