

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**

40070601



2. Principal Place of Business - No P.O. Box #
412 E. TARPON AVE

3. Mailing Address
412 E. TARPON AVE

Suite, Apt. #, etc.

02132008 Chg-NP CR2E037 (12/06)

City & State
TARPON SPRINGS, FL

City & State
TARPON SPRINGS, FL

Zip
34689

Country
USA

4. FEI Number
26-0731780

Applied For
 Not Applicable

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

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

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 **4/14/08**

(NOTE: Registered Agent signature required when reinstating)

**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**

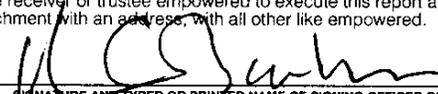
10. OFFICERS AND DIRECTORS

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	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	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 type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2142 PALM HARBOR BLVD., Ste B PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	412 E. TARPON AVENUE TARPON SPRINGS, FL 34689	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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** DAYTIME PHONE # **727-937-4900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR