
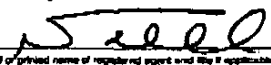



FILED
Apr 18, 2008 8:00 am
Secretary of State

03-24-2008 90051 040 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07000009541			
1. Entity Name THE PALMS OF GAINESVILLE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 408 WEST UNIVERSITY AVENUE, SUITE 602 GAINESVILLE, FL 32601		Mailing Address 408 WEST UNIVERSITY AVENUE, SUITE 602 GAINESVILLE, FL 32601	
2. Principal Place of Business - No P.O. Box # 2421 NW 41st St		3. Mailing Address Same	
Suite, Apt. #, etc. A-1		Suite, Apt. #, etc.	
City & State Gainesville FL		City & State	
Zip 32606	Country	Zip	Country
4. FEI Number 26-2418860		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$3.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KINSELL, STEVEN M 408 WEST UNIVERSITY AVENUE, SUITE 602 GAINESVILLE, FL 32601		7. Name and Address of New Registered Agent Name Greg Trunnell Street Address (P.O. Box Number is Not Acceptable) 2421 NW 41st St, STE A-1 City Gainesville FL Zip Code 32606	
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	
Filing Fee to \$81.25 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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KINSELL, STEVEN M 408 WEST UNIVERSITY AVENUE, SUITE 602 GAINESVILLE, FL 32601 <input checked="" 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	DV TRUNNELL, GREG 2603 G NW 38TH STREET GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2421 NW 41st St Suite A-1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MARTI, JOHN 13400 PROGRESS BOULEVARD ALACHUA, FL 32618 <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
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 (sic) empowered.			
SIGNATURE: 		Date 3-11-08 352-367-4544	
SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING OFFICER OR DIRECTOR		Date	

66007249



03102008 Chg-NP CR2E037 (12/08)