


# 2008 NOT-FOR-PROFIT-CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90019 001 \*\*\*\*61.25  
02-15-2008 90019 002 \*\*\*\*8.75

<b>DOCUMENT # N07403</b>					
1. Entity Name <b>HOMEOWNERS ASSOCIATION OF PALM TREE ACRES MOBILE HOME PARK, INC.</b>					
Principal Place of Business <b>36042 IBIS LANE P O BOX L-10 ZEPHYRHILLS, FL 33541</b>			Mailing Address <b>36042 IBIS LANE P O BOX L-10 ZEPHYRHILLS, FL 33541</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2981964</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>VOSS, JACK 4902 SANDPIPER LN. ZEPHYRHILLS, FL 33541</b>			Name <b>O'DEA, CONNIE</b>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<b>4843 FLAMINGO DRIVE</b>		
			City <b>ZEPHYRHILLS</b> FL <b>33541</b>		
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 <i>Connie O'Dea President</i>			DATE <i>02.07.08</i>		
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, 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					
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, STEVE		NAME	JO ANN DEN BROEDER	
STREET ADDRESS	4647 DOVE DR.		STREET ADDRESS	36124 CHICKADEE LANE	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SGT-AT-ARMS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DILKS, WAYNE		NAME	STEVE BARNETT	
STREET ADDRESS	4843 SWAN DR.		STREET ADDRESS	34130 CHICKADEE LANE	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, SANDRA		NAME	JOSEPH HOLCOMB	
STREET ADDRESS	4723 GOLDFINCH		STREET ADDRESS	4829 SANDPIPER LANE	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	DJOYCE MULLINS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUMMINGS, MARILYN		NAME	4842 SANDPIPER LANE	
STREET ADDRESS	4627 FLAMINGO DR		STREET ADDRESS	ZEPHYRHILLS, FL 33541	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	DJOANNE LUCIER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'DEA, CONNIE		NAME	4848 SANDPIPER LANE	
STREET ADDRESS	4836 SANDPIPER LANE		STREET ADDRESS	ZEPHYRHILLS, FL 33541	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOSS, JACK		NAME	BILL TULLY	
STREET ADDRESS	4902 SANDPIPER LN.		STREET ADDRESS	4828 MEADOW LARK DR	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	
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: <i>Sandra R. Brown</i>			SIGNATURE: <i>Sandra R. Brown</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date			Date		
Daytime Phone #			Daytime Phone #		

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