


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90112 036 ****61.25

DOCUMENT # N12015

1. Entity Name
POWELL SQUARE OWNERS' ASSOCIATION, INC.



Principal Place of Business
**1121 STERLING RD.
P.O. BOX 328
INVERNESS, FL 34451**

Mailing Address
**1121 STERLING RD.
P.O. BOX 328
INVERNESS, FL 34451**

40000000



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04212008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-3099096

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**CARLSON, BRIAN A
1121 STERLING ROAD
INVERNESS, FL 34450**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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	D	<input type="checkbox"/> Delete
NAME	CARLSON, BRIAN A	
STREET ADDRESS	1121 STERLING ROAD	
CITY-ST-ZIP	INVERNESS, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LATTIN, EDWIN	
STREET ADDRESS	1123 STERLING ROAD	
CITY-ST-ZIP	INVERNESS, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOODMAN, BOBBY J	
STREET ADDRESS	1127 STERLING ROAD	
CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZELTZER, GARSON	
STREET ADDRESS	1129 STERLING ROAD	
CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: Brian A. Carlson **Brian A. Carlson** 4-21-08 (352)637-0437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #