

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90109 012 ****61.25

DOCUMENT # N13921

1. Entity Name
TAMPA PALMS OWNERS ASSOCIATION, INC.



Principal Place of Business
**16101 COMPTON DR
TAMPA, FL 33647 US**

Mailing Address
**16101 COMPTON DR
TAMPA, FL 33647 US**

40004010



DO NOT WRITE IN THIS SPACE

01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2780435

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MEZER, STEVEN H. P.A
220 S FRANKLIN STREET
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDWARDS, WILLIAM R EDWARDS, BILL 15841 SANCTUARY DR TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHIMER, BARBARA 16004 LONGHORNE CT TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUDLEY, BRYANT 15704 MIFFLIN CT TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGELILLI, ERNIE 3717 WEST NORT B STREET TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAETANO, JOSEPH 16037 TAMPA PALMS BLVD. WEST TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William R. Edwards Jan 8, 2007 813-972-4231