


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N13921</b> 1. Entity Name <b>TAMPA PALMS OWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>16101 COMPTON DR TAMPA, FL 33647 US</b>	Mailing Address <b>16101 COMPTON DR TAMPA, FL 33647 US</b>
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04242008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2780435</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>MEZER, STEVEN H. P.A 220 S FRANKLIN STREET TAMPA, FL 33602</b>
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**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, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDWARDS, WILLIAM R 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	

U000000937658  
05/27/08-80057-010 61.25

**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 exemption.

**SIGNATURE:**



**WILLIAM R. EDWARDS**

**4/27/2008**

**813-972-4238**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #