2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N13921

Entity Name: TAMPA PALMS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

16101 COMPTON DR
TAMPA, FL 33647 US

New Principal Place of Business:

Current Mailing Address:

16101 COMPTON DR
TAMPA, FL 33647 US

New Mailing Address:

FEI Number: 59-2780435 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MEZER, STEVEN H. P.A
1801 NORTH HIGHLAND AVENUE
TAMPA, FL 33602 US

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.

SIGNATURE: _____ 04/28/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: EDWARDS, WILLIAM R
Address: 15841 SANCTUARY DR
City-St-Zip: TAMPA, FL 33647

Title: S ( ) Delete
Name: SHIMER, BARBARA
Address: 16004 LONGHORNE CT
City-St-Zip: TAMPA, FL 33647

Title: T ( ) Delete
Name: DUDLEY, BRYANT
Address: 15704 MIFFLIN CT
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete
Name: ANGELILLI, ERNIE
Address: 3717 WEST NORT B STREET
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete
Name: CAETANO, JOSEPH
Address: 16037 TAMPA PALMS BLVD. WEST
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SCHOOLFIELD, JAKE
Address: 15302 AMBERLY DRIVE
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R EDWARDS P 04/28/2009
Electronic Signature of Signing Officer or Director — Date