2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N17079

FILED Jan 11, 2005 Secretary of State

Entity Name: THE HOMEOWNERS' ASSOCIATION OF THE PALMS, INC.

Current Principal Place of Business: New Principal Place of Business: UNIVERSITY PROP INC 7001 TEMPLE TERRACE HWY TEMPLE TERRACE, FL 33637 US **New Mailing Address: Current Mailing Address:** UNIVERSITY PROP 7001 TEMPLE TERRACE TEMPLE TERRACE, FL 33637 US FEI Number: 59-2721297 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DUARTE, ANTONIO III 11959 N FLORIDA AVE TAMPA, FL 33612 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: ANTONIO DUARTE III Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SHACK, CARL JR Name: Name: 1647 PROW MORE DR Address: Address: City-St-Zip: BRANDON, FL 33511 City-St-Zip: Title: SD () Delete Title: () Change () Addition KUBLY, WENDY Name: Name: Address: 912 BURLWOOD STREET Address: City-St-Zip: BRANDON, FL 33511 City-St-Zip: Title: VD. () Delete Title: () Change () Addition POWERS, EVELYN Name: Name: Address: 1631 PROW MORE DR Address: City-St-Zip: BRANDON, FL 33511 City-St-Zip: () Delete Title: Title: () Change () Addition Name: GREENLEAF, SHIRLEY Name: 858 BURLWOOD STREET Address: Address: City-St-Zip: BRANDON, FL 33511 City-St-Zip: Title: () Delete Title: () Change () Addition WILLIAMS, CHARLES Name: Name: 1642 RPOWMORE DRIVE Address: Address: City-St-Zip: BRANDON, FL 33511 City-St-Zip: Title: () Delete Title: () Change () Addition PETERSON, ELWOOD Name: Name: Address: 881 BURLWOOD ST. Address: BRANDON, FL 33511 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RICHARD P. BAILEY AGEN 01/11/2005