

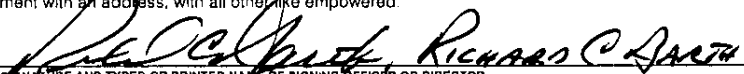


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # N17154			
1. Entity Name PALMER RANCH MASTER PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 6142 CLARK CENTER AVE SARASOTA, FL 34238 US		Mailing Address 6142 CLARK CENTER AVE SARASOTA, FL 34238 US	
DO NOT WRITE IN THIS SPACE			
		03302007 No Chg-NP CR2E037 (4/06)	
		4. FEI Number 59-2782438	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COOK, JOHN F ESQ. 2033 WOOD ST. STE. 220 SARASOTA, FL 34237		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000703209 04/20/07-80132-002 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARTH, RICHARD C 6142 CLARK CENTER AVENUE SARASOTA, FL 34238		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TURNER, EDWIN 8588 POTTER PARK DR., STE. 500 SARASOTA, FL 34238		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS AMBRECHT, SUSANN 6142 CLARK CENTER AVENUE SARASOTA, FL 34238		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD POWELL, JUSTIN 8588 POTTER PARK DRIVE STE 500 SARASOTA, FL 34238		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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: 		Date: 4/16/07 Daytime Phone #: 941-922-3866	