

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90044 010 ****61.25

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DOCUMENT # N22831					
1. Entity Name 3300 PALMETTO DRIVE OWNERS' ASSOCIATION, INC.					
Principal Place of Business 35 TURKEY CREEK ALACHUA, FL 32615			Mailing Address 35 TURKEY CREEK ALACHUA, FL 32615		
2. Principal Place of Business - No P O Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 30-7148565			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			7. Name and Address of New Registered Agent		
HOPE, A. BICE ESQ 408 WEST UNIVERSITY AVENUE, STE 406 GAINESVILLE, FL 32601			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAGLE, JOHN W		NAME	BEAGLE, JOHN W	
STREET ADDRESS	11416 PALMETTO BLVD		STREET ADDRESS	11416 PALMETTO BLVD	
CITY-ST-ZIP	ALACHUA, FL 32615		CITY-ST-ZIP	ALACHUA, FLORIDA 32615	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYALA, ALICA		NAME	ALICE WALLIS	
STREET ADDRESS	11420 PALMETTO BLVD		STREET ADDRESS	11420 PALMETTO BLVD	
CITY-ST-ZIP	ALACHUA, FL 32615		CITY-ST-ZIP	ALACHUA, FL. 32615	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHT, MICHAEL		NAME	KAHT, MICHAEL	
STREET ADDRESS	11418 PALMETTO BLVD		STREET ADDRESS	11418 PALMETTO BLVD	
CITY-ST-ZIP	ALACHUA, FL 32615		CITY-ST-ZIP	ALACHUA, FL 32615	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUINN, BETTY		NAME	GUINN, BETTY	
STREET ADDRESS	11422 PALMETTO BLVD		STREET ADDRESS	11422 PALMETTO BLVD	
CITY-ST-ZIP	ALACHUA, FL 32615		CITY-ST-ZIP	ALACHUA, FL. 32615	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:		JOHN W. BEAGLE		4/15/2007 462-5732 (386)	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	