


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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
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04132008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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
 HOPE, A. BICE ESQ
 408 WEST UNIVERSITY AVENUE, STE 406
 GAINESVILLE, FL 32601

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000941940
 05/26/08 80127-006 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BEAGLE, JOHN W 11416 PALMETTO BLVD ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WALLIS, ALICE 11420 PALMETTO BLVD ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KAHT, MICHAEL 11418 PALMETTO BLVD ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GUINN, BETTY 11422 PALMETTO BLVD ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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** **4/25/2008** **386-4625732**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

386-462-5732