2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 28, 2008 8:00 am DOCUMENT # N25268 **Secretary of State** 1. Entity Name 03-28-2008 90023 025 \*\*\*\*61.25 PALMA SOLA COURT HOMEOWNERS' ASSOCIATION. INC. Principal Place of Business Mailing Address 7220 25TH DR W 7220 25TH DR W C/O JOAN GARY BRADENTON FL 34209 C/O JOAN GARY BRADENTON FL 34209 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. EEL Number Applied For NO-T APPLICABLE Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRAY, JOAN 7220 25TH DR W Street Address'(P.O. Box Number is Not Acceptable) **BRADENTON FL 34209** City 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 Fiorioa. Lam familiar with, and accept the obligations of registered agent. 3/15/08 SIGNATURE (NOTE: Registered Agent signapure (coursed when registating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be ... Make Check Payable to Florida Department of State Due By May 1, 2008 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Delate GRAY, JOAN NAME NAME 7220 25TH DR W STREET ADDRESS STREET ADDRESS Same **BRADENTON FL 34209** CITY - ST - ZIP CITY-ST-ZIP JERRY Simon 1223 A5th DRW 79TLE TIT! F ■ Delete Addition GRAY, KURT A NAME NAME 7219 25 DR. W. STREET ADDRESS STREET ADDRESS Bradenton, FL 34209 **BRADENTON FL 34209** CITY-ST-ZIP CITY-ST-ZIP TITLE VD 🔀 Delete TITLE Paul Sutherland \_\_\_ Change\_ NAME IDE, JACKIE HAME 7211 25th DRW. STREET ADDRESS 7201 25TH DR W STREET ADDRESS BRADENTON FL 34209 CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL 34209 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7-P ☐ Delete 11116 Change Addition NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

SIGNATURE: fran a. () 15/08 941-195-2227

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.