


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90047 027 \*\*\*\*61.25

<b>DOCUMENT # N30553</b> 1. Entity Name <b>PALM BROOK ESTATES PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>LIPARI</b> <b>2980 SW PALM BROOK CT</b> <b>PALM CITY, FL 34990 US</b>			Mailing Address <b>P O BOX 245</b> <b>PALM CITY, FL 34991 US</b>		
2. Principal Place of Business - No P.O. Box # <b>LATIMER</b>		3. Mailing Address Suite, Apt. #, etc. <b>2926 SW PALM BROOK CT</b>			
City & State <b>PALM CITY FL</b>		City & State <b>PALM CITY FL</b>		4. FEI Number <b>65-0202048</b>	
Zip <b>34990</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CARON, JEANNE T</b> <b>2927 SW PALM BROOK CT</b> <b>PALM CITY, FL 34990</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>		
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>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD CARON, JEANNE T 2937 SW PALM BROOK CT PALM CITY, FL 34990	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOUGLAS P LATIMER 2926 SW PALM BROOK CT PALM CITY FL 34990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIPARI, DIANE 2980 SW PALM BROOK CT PALM CITY, FL 34990	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOUGLAS P LATIMER 2926 SW PALM BROOK CT PALM CITY FL 34990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PODERSKI, ROBYNN 2988 SW PALM BROOK CT PALM CITY, FL 34990	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOUGLAS P LATIMER 2926 SW PALM BROOK CT PALM CITY FL 34990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIPARI, DIANE 2980 SW PALM BROOK CT PALM CITY, FL 34990	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOUGLAS P LATIMER 2926 SW PALM BROOK CT PALM CITY FL 34990	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIPARI, DIANE 2980 SW PALM BROOK CT PALM CITY, FL 34990	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOUGLAS P LATIMER 2926 SW PALM BROOK CT PALM CITY FL 34990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PODERSKI, ROBYNN 2988 SW PALM BROOK CT PALM CITY, FL 34990	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOUGLAS P LATIMER 2926 SW PALM BROOK CT PALM CITY FL 34990	
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 <u>Robyn W. Poderski</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-28-07</u> (772) 288 3451 <small>Daytime Phone #</small>		