

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90029 008 \*\*\*\*61.25

<b>DOCUMENT # N30839</b> 1. Entity Name <b>PALACIO HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>2828 CLARK RD STE #7 SARASOTA, FL 34231 US</b>			Mailing Address <b>3412 CLARK ROAD PMB#236 SARASOTA, FL 34231-8406 US</b>		
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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>THE BARLOW GROUP, INC. 2828 CLARK RD STE #7 SARASOTA, FL 34231</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 Due by May 1, 2008</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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD <input checked="" type="checkbox"/> Delete		TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>LANCE, EDWARD J</b>		NAME	<b>Charles Hobbes III</b>	
STREET ADDRESS	<b>3412 CLARK RD PMB #236</b>		STREET ADDRESS	<b>3412 Clark Rd, # 236</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34238</b>		CITY-ST-ZIP	<b>Sarasota, FL 34231</b>	
TITLE	ASAT <input checked="" type="checkbox"/> Delete		TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>WEIST, JONE B</b>		NAME	<b>Clive Barnett</b>	
STREET ADDRESS	<b>3412 CLARK RD PMB #236</b>		STREET ADDRESS	<b>3412 Clark Rd, #236</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34231</b>		CITY-ST-ZIP	<b>Sarasota, FL 34231</b>	
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WINTER, JOHN O</b>		NAME		
STREET ADDRESS	<b>3412 CLARK RD PMB #236</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA, FL 34231</b>		CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HINRICHS, HARVEY</b>		NAME		
STREET ADDRESS	<b>3412 CLARK RD PMB #236</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA, FL 34231</b>		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		
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	