SIGNATURE:

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mar 23, 2007 8:00 am Secretary of State DOCUMENT # N44456 03-23-2007 90007 036 ****61.25 1. Entity Name **BROADWAY PALMS PROPERTY OWNERS** ASSOCIATION, INC. Principal Place of Business Mailing Address 1050-A EASTLAKE WOODLANDS PARKWAY 1050-A EASTLAKE WOODLANDS PARKWAY 40039837 OLDSMAR, FL 34677 OLDSMAR, FL 34677 2. Principal Place of Suite, Apt. #, etc. 720 Brooker Creek Blvd. #206 02222007 CR2E037 (12/06) Chg-NP Oldsmar, FL 34677 Applied For City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCANNAVINO, DOMINICK Scannavino, Inc. 1050-EASTLAKE WOODLANDS PARKWAY 720 Brooker Creek Blvd. #206 OLDSMAR, FL 34677 Oldsmar, FL 34677 ode 8. The above named attity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations gistered agent. dummuc (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. VD ☐ Delete ☐ Addition TITLE TITLE Change HEIFITZ, LINDA NAME NAME STREET ADDRESS **677 BROADWAY STREET** STREET ADDRESS DUNEDIN, FL 34698 CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition Delete TITLE NAME STEFANO, DARCY NAME 673 BROADWAY ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP DUNEDIN, FL 34698 CITY-ST-71P PD TITLE ☐ Delete ☐ Change ☐ Addition PARK, BEVERLY NAME NAME STREET ADDRESS 679 BROADWAY ST STREET ADDRESS DUNEDIN, FL 34698 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TIT1 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

BEVERU

March 9, 2007

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