


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90022 038 ****61.25

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| DOCUMENT # N44456 | |  |
| 1. Entity Name BROADWAY PALMS PROPERTY OWNERS ASSOCIATION, INC. | | |

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| Principal Place of Business 1050-A EASTLAKE WOODLANDS PARKWAY OLDSMAR, FL 34677 US | Mailing Address 1050-A EASTLAKE WOODLANDS PARKWAY OLDSMAR, FL 34677 US |
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40048356



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|---|---|
| 2. Principal Place of Business - No P.O. Box # 720 BROOKER CRK. BLVD #206 | 3. Mailing Address 720 BROOKER CRK. BLVD #206 |
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01042008 Chg-NP CR2E037 (12/06)

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|-----------------------------------|-----------------------------------|
| City & State OLDSMAR FL | City & State OLDSMAR FL |
| Zip 34677 | Country |

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| 4. FEI Number NOT APPLICABLE | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SCANNAVINO, DOMINICK 1050-EASTLAKE WOODLANDS PARKWAY OLDSMAR, FL 34677 | |
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| 7. Name and Address of New Registered Agent Name 720 BROOKER CRK. BLVD #206 Street Address (P.O. Box Number is Not Acceptable) City OLDSMAR FL Zip Code 34677 | |
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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

**Make check payable to
Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HEIFITZ, LINDA 677 BROADWAY STREET DUNEDIN, FL 34698 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD STEFANO, DARCY 673 BROADWAY ST DUNEDIN, FL 34698 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PARK, BEVERLY 679 BROADWAY ST DUNEDIN, FL 34698 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Beverly Park* **BEVERLY PARK** *2/22/2008* *727-734-5240*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #