2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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1. Entity Name BROADWAY PALMS PROPERTY OWNERS ASSOCIATION, INC.



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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Suite, Apt., etc. Suite, Apt., etc. CLY & State CLY &	2. Principal Place of Business - No P.O. Box 3. Mailing Address			CRK BLVD					
COUNTS MALE COUNTY 20 COUNTY 2		#, etc.	Suite, Apt. #, etc.	<u>(</u>	04040000	NP CR2E037	(12/06)		
SCANNAVINO, DOMINICK SCANNAVINO, DOMINICK 1050-EASTLAKE WOODLANDS PARKWAY OLDSMAR, FL 34677 8. The above named entity submits this statement for the purpose of changing is registered agent. 6. The above named entity submits this statement for the purpose of changing is registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. 8. Signature FILING Foe is \$61.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. OFFICERS AND DIRECTORS 17. Name and Address of New Registered Agent. 18. State Address (P.O. Boogshumber ip bloub-coophished Mr. Bull and Florida. I am lamiliar with, and accept the obligations of registered agent. 16. OFFICERS AND DIRECTORS 17. The above named entity submits this statement for the purpose of changing is registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. 18. The above named entity submits this statement for the purpose of changing is registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. 18. The above named entity submits this statement for the purpose of changing is registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. 19. City of the purpose of agent, or both, in the State of Florida Department of State 1 and accept the obligations of registered agent. 19. Election Company is registered agent, or registered agent, or registered agent, or registered agent, or regi	City & Stat	SMAL FL		FL		BLE			
SCANNAVINO, DOMINICK 1050-EASTLAKE WOODLANDS PARKWAY OLDSMAR, FL 34677 Street Address (P O-Boy Number is Bull-Acceptable W. BLU A Pack City Dubbank FL 34677 Street Address (P O-Boy Number is Bull-Acceptable W. BLU A Pack City Dubbank FL 34677 Street Address (P O-Boy Number is Bull-Acceptable W. BLU A Pack City Dubbank FL 34677 Street Address (P O-Boy Number is Bull-Acceptable W. BLU A Pack FL 3F166-77 Street Address (P O-Boy Number is Bull-Acceptable W. BLU A Pack FL 3F166-77 Street Address (P O-Boy Number is Bull-Acceptable W. Bull Acceptable W. Bull	Zip			Country	5. Certificate of Status				
SCANNAVINO, DOMINICK 1050-EASTLAKE WOODLANDS PARKWAY OLDSMAR, FL 34677 8. The above named entity submits this statement for the purpose of changing to registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature		6. Name and Address of Current R	legistered Agent		7. Name and Addres	s of New Registered Ag	ent		
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	1050-EASTLAKE WOODLANDS PARKWAY			Street Address	Street Address (P.O. Box Number is Not Acceptable) BLV & 4206				
SIGNATURE Signature, typical or printed name of registered agent and title 8 spik-table. (INOTE: Registered Agent signature required when remaistrapy) DATE	8. The above	named entity submits this statement for	the purpose of changing its re	1040	os An Andrews	FL State of Florida. I am fai	Dip Code	nd accept	
Filling Fee is \$61.25 Due by May 1, 2008 Pictor Campaign Financing Trust Fund Control Union. S.5.00 May Be Added to Fee Should be payable to Florida Department of State of Trust Fund Control Union. S.5.00 May Be Added to Fee Should be payable to Florida Department of State of Trust Fund Control Union. S.5.00 May Be Added to Fee Should be payable to Florida Department of State of Trust Fund Control Union. S.5.00 May Be Added to Fee Should be payable to Florida Department of State of Trust Fund Control Union. S.5.00 May Be Added to Fee Should be payable to Florida Department of State of Trust Fund Control Union. S.5.00 May Be Added to Fee Should be payable to Florida Department of State of Trust Fund Control Union. S.5.00 May Be Added to Fee Should be payable to Florida Department of State of Trust Fund Control Union. S.5.00 May Be Added to Fee Should be payable to Florida Department of State of Trust Fund Control Union. S.5.00 May Be Added to Fee Should be payable to Florida Department of State of Trust Fund Control Union. S.5.00 May Be Added to Fee Should be payable to Florida Department of State of Trust Fund Control Union. S.5.00 May Be Added to Fee Should be payable to Florida Department of State of Trust Fund Control Union. S.5.00 May Be Added to Fee Should be payable to Florida Department of State of Trust Fund Control Union. S.5.00 May Be Added to Fee Should be payable to Florida Department of State of Trust Fund Control Union. S.5.00 May Be Added to Fee Should be payable to Florida Department of State of Trust Fund Control Union. S.5.00 May Be Added to Fee Should be payable to Florida Department of State Office Should be payable to Florida Department of State Office Should be payable to Florida Department of State Office Should be payable to Florida Department of State Office Should be payable to Florida Department of State Office Should be payable to Florida Department of State Office Should be payable to Florida Department of State Office Should be payable to Florida	the obligat	ions of registered agent.							
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET		_							
TITLE NAME / GT BROADWAY STREET DUNEDIN, FL 34698 TITLE NAME STEFANO, DARCY STREET DUNEDIN, FL 34698 TITLE NAME / GT 3 BROADWAY ST DUNEDIN, FL 34698 TITLE NAME / GT 3 BROAD	10.	OFFICERS AND DIRI	ECTORS	11.	ADDITIONS/CHANGES 1	O OFFICERS AND DIRE	CTORS IN	10	
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Indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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: BULLY PARK
SIGNATURE OF TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR