


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90030 006 \*\*\*\*70.00

<b>DOCUMENT # N92000000065</b>					
1. Entity Name <b>PALMA SOLA VILLAGE HOME OWNERS ASSOC. INC.</b>					
Principal Place of Business <b>6920 4TH AVENUE DRIVE NW BRADENTON FL 34209 US</b>			Mailing Address <b>P.O. BOX 14381 BRADENTON FL 34280-4381 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0410159</b>	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RATHVON, JOHN H 6920 4TH AVENUE DRIVE NW BRADENTON FL 34209</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
			<b>FL</b>		
			Zip Code		
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 <i>John H. Rathvon</i>		Treasurer <i>Treasurer</i>		DATE <i>2-11-08</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW: 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	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<i>Vice President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLARK, THOMAS</b>		NAME		
STREET ADDRESS	<b>208 68TH ST NW</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>		CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LENZ, DOROTHY</b>		NAME		
STREET ADDRESS	<b>308 70TH ST NW</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>		CITY-ST-ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> Delete	TITLE	<i>President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>QUADE, TANYA</b>		NAME		
STREET ADDRESS	<b>212 68 ST NW</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>		CITY-ST-ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RATHVON, JOHN H</b>		NAME		
STREET ADDRESS	<b>6920 4TH AVENUE DRIVE NW</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<i>Director</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BERG, DALE</b>		NAME	<i>Stephenson, Dale</i>	
STREET ADDRESS	<b>116 70TH ST NW</b>		STREET ADDRESS	<i>108 70th St. N.W.</i>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>		CITY-ST-ZIP	<i>Bradenton, FL 34209</i>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<i>Director</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KOZAK, ETELKA</b>		NAME	<i>Jerry Beck</i>	
STREET ADDRESS	<b>204 68TH ST NW</b>		STREET ADDRESS	<i>112 70th St. N.W.</i>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>		CITY-ST-ZIP	<i>Bradenton, FL 34209</i>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *John H. Rathvon* - *John H. Rathvon* *2-11-08* *991-761-1276*