


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N93000004952</b>	
1. Entity Name W.H. PALMER OFFICE COMPLEX PROPERTY OWNERS ASSOCIATION, INC.	

Principal Place of Business 1519 DEMPSEY MAYO RD TALLAHASSEE, FL 32308	Mailing Address 4351 MAYLOR ROAD TALLAHASSEE, FL 32308 US
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DO NOT WRITE IN THIS SPACE



04102008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3321552	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

ADKINS, GWENDOLYN P  
1319 THOMASWOOD DR  
TALLAHASSEE, FL 32312

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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

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

000000836615  
04/25/08-80015-001 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, SHARON M 1519 DEMPSEY MAYO RD TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, JUANITA A C/O 1519 DEMPSEY MAYO RD TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, WALDO H JR 4364 MAYLER RD TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOULD, ELIZABETH P 4351 MAYLOR RD TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADKINS, GWENDOLYN P 4352 MAYLER ROAD TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** Elizabeth Palmer Gould 4/10/08 850 878 8686  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #