

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 02, 2004  
Secretary of State**

DOCUMENT# N93000005365

**Entity Name:** PALM PLACE BY THE BAYSHORE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2403 W. PALM DR.  
#8  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

2403 W. PALM DR.  
#8  
TAMPA, FL 33629

**New Mailing Address:**

**FEI Number:** 59-3233220      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

YADLEY, GREGORY C  
2403 W. PALM DR.  
#4  
TAMPA, FL 33629

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: YADLEY, GREGORY C  
Address: 2403 W PALM DR #4  
City-St-Zip: TAMPA, FL 33629

Title: VD ( ) Delete  
Name: MORGAN, ROBERT  
Address: 2403 W PALM DR #3  
City-St-Zip: TAMPA, FL 33629

Title: STD ( ) Delete  
Name: ELLWANGER, MARY E  
Address: 2403 W PALM DRIVE #2  
City-St-Zip: TAMPA, FL 33629

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LEVINE, LESTER  
Address: 2403 W PALM DR #4  
City-St-Zip: TAMPA, FL 33629

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: FLOOD, KAREN V  
Address: 2403 W PALM DRIVE #5  
City-St-Zip: TAMPA, FL 33629

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN FLOOD

MS

02/02/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date