


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90016 015 ****61.25

DOCUMENT # N93000005365 1. Entity Name PALM PLACE BY THE BAYSHORE PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 2403 W. PALM DR. #8 TAMPA, FL 33629			Mailing Address 2403 W. PALM DR. #8 TAMPA, FL 33629		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 59-3233220				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired ~ <input type="checkbox"/> -- \$8.75 Additional Fee Required				02182008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent LEVINE, LESTER J 2403 W. PALM DR. #4 TAMPA, FL 33629			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	
	PD LEVINE, LESTER	2403 W PALM DR #4	TAMPA, FL 33629		
	VD MORGAN, ROBERT	2403 W PALM DR #3	TAMPA, FL 33629	<input type="checkbox"/> Delete	
	STD BERNER, LAUREN	2403 W PALM DRIVE #6	TAMPA, FL 33629	<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	PD Siksa, Mary	2403 W. Palm Dr. #1	Tampa, FL 33629		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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: 				ROBERT MORGAN 02.19.08 813 2591122	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	