


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90036 034 ****61.25

DOCUMENT # N96000001228	
1. Entity Name THREE PALMS HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business MAURICE HODDER 31229 THREE PALMS LN TAVARES FL 32778	Mailing Address MAURICE HODDER 31229 THREE PALMS LN TAVARES FL 32778
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State	City & State
Zip	Country

4. FEI Number 59-3374494	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HODDER, MAURICE 31229 THREE PALMS LN TAVARES FL 32778

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	P <input type="checkbox"/> Delete HODDER, MAURICE 31229 THREE PALMS LN TAVARES FL 32778
TITLE NAME STREET ADDRESS CITY ST ZIP	VP <input type="checkbox"/> Delete PETTY, JULIA 31277 THREE PALMS LN TAVARES FL 32778
TITLE NAME STREET ADDRESS CITY ST ZIP	T <input type="checkbox"/> Delete BARON, ROSSLYN 31281 THREE PALMS LN TAVARES FL 32778
TITLE NAME STREET ADDRESS CITY ST ZIP	S <input type="checkbox"/> Delete SWEARENGEN, ELLEN 31265 THREE PALMS LN TAVARES FL 32778
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Delete WILHELMSON, MADELINE 31253 THREE PALMS LN TAVARES FL 32778
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input checked="" type="checkbox"/> Delete ARDON, ANDERSON 31241 THREE PALMS LN TAVARES FL 32778

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LUEDY, JOHN 31257 THREE PALMS LN. TAVARES, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SEESE, MARLENE 31245 THREE PALMS LN TAVARES, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KANE, DANIEL 31241 THREE PALMS LN. TAVARES, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LEGGOTT, ELLWOOD 31201 THREE PALMS LN TAVARES, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<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 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: *Maurice Hodder* **MAURICE HODDER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR