

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002606

FILED
Jan 25, 2007
Secretary of State

Entity Name: PALM RIVER RESERVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5704 RIVER RESERVE CT
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

217 HOBBS STREET
SUITE 107
TAMPA, FL 33619

New Mailing Address:

5704 RIVER RESERVE CT
TAMPA, FL 33619

FEI Number: 59-3645150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNES, ISRAEL
5704 RIVER RESERVE CT
TAMPA, FL 33619 US

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: D () Delete
Name: CRAIG, MICHAEL D
Address: 517 SOUTH 58TH STREET
City-St-Zip: TAMPA, FL 33619

Title: P () Delete
Name: BARNES, ISRAEL
Address: 5704 RIVER RESERVE CT
City-St-Zip: TAMPA, FL 33619

Title: S () Delete
Name: POPOVEC, MICHAELLE
Address: 5704 RIVER RESERVE CT
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: SUAREZ, HENRY R
Address: 507 SOUTH 58TH STREET
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: CELEIRO, ARMANDO
Address: 1206 NORTH 20TH STREET
City-St-Zip: TAMPA, FL 33605

Title: D () Delete
Name: HARPER, CHARLES
Address: 5708 RIVER RESERVE COURT
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MICHAELLE POPOVEC

S

01/25/2007

Electronic Signature of Signing Officer or Director

Date