

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2007 8:00 am
Secretary of State

05-02-2007 90105 045 ****61.25

DOCUMENT # N99000005813					
1. Entity Name PALM HARBOR CENTER OWNERS' ASSOCIATION, INC.					
Principal Place of Business 7 FLORIDA PARK DRIVE PALM COAST, FL 32135			Mailing Address P.O. BOX 353993 PALM COAST, FL 32135		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3622512	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STOKES, LEA A P.O. BOX 353187 PALM COAST, FL 32135			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
109 S. 6th St Ste 200 Flagler Beach, FL 32136			66016238		
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 reappointing)					
Filing 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST THORNHILL, LESLIE P.O. BOX 351429 PALM COAST, FL 32135	ST SHROPSHIRE, KATHERINE 18 VERANDA WAY PALM COAST FL 32187			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD CORGAN, JOE 3735 CORGAN RD. DELAND, FL 32724	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD ALSON, ALFRED L M.D. P.O. BOX 352018 PALM COAST, FL 32135	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
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 817, 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: _____		4-25-07		3864451212	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	