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2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 MAY 28 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/22/08 90077 039- 61.25

DOCUMENT # N99000005813

1. Entity Name
PALM HARBOR CENTER OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7 FLORIDA PARK DRIVE PALM COAST, FL 32135	P.O. BOX 353993 PALM COAST, FL 32135

04252008 Chg-NP CR2E037 (12/06)

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 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STOKES, LEA A 109 S 6TH STE 200 FLAGLER BEACH, FL 32136	Name: Christine + Christine, PA. Street Address (P.O. Box Number is Not Acceptable): 28 Cordova St. City: St Augustine FL Zip Code: 32084

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 _____ 5/27/08
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SHROPSHIRE, KATHERINE 18 VERANDA WAY PALM COAST, FL 32137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CORGAN, JOE 3735 CORGAN RD. DELAND, FL 32724	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ALSON, ALFRED L M.D. P.O. BOX 352018 PALM COAST, FL 32135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Joseph S Corgan Pres JOSEPH S. CORGAN 1/18/08 3867451242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Preferred Management Services
P.O. Box 353187
Palm Coast, FL 32135-3187

Telephone: (386) 439-0134
Fax: (386) 439-4256

FAX COVER SHEET

DATE: 5/27/08

TO: Michelle Milligan

FAX NUMBER: 850-245-6017

FROM: Laura Eubanks

RE:

Attached is the correct 2008 Annual Report form for Palm Harbor Center Owners Assoc. We sent the payment in under the incorrect Doc # per our conversation you will swap the payment to the correct Doc #. The incorrect # is N99000000581. The correct # is N99000005813.

PAGES INCLUDING COVER SHEET: _____