

## **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000142556

**FILED**  
**Oct 29, 2007**  
**Secretary of State**

**Entity Name:** PALM OF MADEIRA RESORT CONDO, INC.

**Current Principal Place of Business:**

8660 PINE TREE DRIVE NORTH  
SEMINOLE, FL 33772

**New Principal Place of Business:**

11600 4TH STREET EAST  
TREASURE ISLAND, FL 33706

**Current Mailing Address:**

8660 PINE TREE DRIVE NORTH  
SEMINOLE, FL 33772

**New Mailing Address:**

11600 4TH STREET EAST  
TREASURE ISLAND, FL 33706

**FEI Number:** 20-3865626

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONATHAN JAMES DAMONTE, CHTD  
12110 SEMINOLE BLVD  
LARGO, FL 33778 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: PSTD ( ) Delete  
Name: HARPER, THOMAS E  
Address: 8660 PINE TREE DRIVE NORTH  
City-St-Zip: SEMINOLE, FL 33772

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: STARUCH, DAVID  
Address: 11600 4TH STREET EAST  
City-St-Zip: TREASURE ISLAND, FL 33706

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID STARUCH

PSTD

10/29/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date