2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007
Secretary of State

DOCUMENT# P29594

Entity Name: PALMS OF LARGO INTERGENERATIONAL COMMUNITY FOUNDATION, INC.

Current Principal Place of Business:

300 LAKE AVE
LARGO, FL 33771 US

New Principal Place of Business:

Current Mailing Address:

1107 HAZELTINE BLVD.
SUITE 200
CHASKA, MN 55318

New Mailing Address:

FEI Number: 41-1693569 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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:	P	( ) Delete
Name:	ELIAS, AVI M	
Address:	300 LAKE AVENUE, NE	
City-St-Zip:	LARGO, FL 33771	
Title:	PE	( ) Delete
Name:	WHITE, FRANCIS W JR	
Address:	400 LAKE AVENUE, NE	
City-St-Zip:	LARGO, FL 33771	
Title:	T	( ) Delete
Name:	SMITH, WILLIAM	
Address:	2973 WEST BAY DRIVE	
City-St-Zip:	BELLEAIR BLUFFS, FL 33770	
Title:	S	( ) Delete
Name:	CALLAHAN, SHERRI	
Address:	409 JASMINE WAY	
City-St-Zip:	CLEARWATER, FL 33756	
Title:	D	( ) Delete
Name:	GILLER, URSULA	
Address:	300 LAKE AVENUE, NE, APT 122	
City-St-Zip:	LARGO, FL 33771	
Title:	D	( ) Delete
Name:	BLACK, MARY G	
Address:	1860 HARMONY DRIVE	
City-St-Zip:	CLEARWATER, FL 33756	

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: AVI M. ELIAS P 02/05/2007

Electronic Signature of Signing Officer or Director — Date