2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744828

Apr 29, 2005 Secretary of State

Entity Name: PALMETTO POINT CIVIC ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 637 PALMETTO POINT DR. PALMETTO, FL 34221 **Current Mailing Address: New Mailing Address:** P. O. BOX 628 PALMETTO, FL 34220 US FEI Number: 59-6163911 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LINKOGLE, JAMES K PRES 4828 PALMETTO POINT DRIVE PALMETTO, FL 34221 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Change () Addition () Delete LINKOGLE, JAMES K Name: Name: 4828 PALMETTO POINT DR Address: Address: City-St-Zip: PALMETTO, FL 34221 City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: ROSS, DAVID Name: LINKOGLE, JAMES Address: 1802 5TH AVE. W. Address: 4828 PALMETTO POINT DRIVE City-St-Zip: PALMETTO, FL 34221 City-St-Zip: PALMETTO, FL 34221 () Delete Title: TRES Title: () Change () Addition BENSHOFF, ELLEN Name: Name: Address: 644 43RD ST. BLVD. W. Address: City-St-Zip: PALMETTO, FL 34221 City-St-Zip: Title: SEC () Delete Title: SEC (X) Change () Addition BARTHOLOMEW, JOHN Name: Name: CLOONEY, BRIAN Address: 520 44TH ST. COURT W. Address: 3509 50TH STREET WEST City-St-Zip: PALMETTO, FL 34221 City-St-Zip: PALMETTO, FL 34221

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ELLEN BENSHOFF **TRES** 04/29/2005