


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90284 006 ****61.25

DOCUMENT # 749233					
1. Entity Name PALMETTO POINT ASSOCIATION, INC.					
Principal Place of Business PO BOX 8502 FT. MYERS FL 33908			Mailing Address PO BOX 8502 FT. MYERS FL 33908		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1981012	
				Applied For <input type="checkbox"/> Not Applicable	
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	
ADAMS, JOSEPH E ESQ. 14241 METROPOLIS AVE SUITE 100 FT MYERS FL 33912-0000				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small> DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEYS, CAROLINE		NAME		
STREET ADDRESS	4805 LAUREL LN		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33908		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRUAX, BILL		NAME		
STREET ADDRESS	6528 DANIEL CT.		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33908		CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERNSTEIN, BETSY		NAME		
STREET ADDRESS	6767 DANIAH CT		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33908		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NILAND, JIM		NAME		
STREET ADDRESS	6852 GRIFFIN BLVD.		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZITZLOFF, RAY		NAME		
STREET ADDRESS	4804 SHIRAY LANE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33908		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLLINS, CHRISTIN		NAME		
STREET ADDRESS	6791 DANIAH CT		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33908		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>James Niland</u> JAMES NILAND 3-13-05 433 1827 ²³⁹					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr</small>					