2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749233

Apr 27, 2006 Secretary of State

Entity Name: PALMETTO POINT ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

PO BOX 8502

FT. MYERS, FL 33908

Current Mailing Address: New Mailing Address:

PO BOX 8502

FT. MYERS, FL 33908

FEI Number: 59-1981012 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:

ADAMS, JOSEPH E ESQ. 14241 METROPOLIS AVE SUITE 100

FT MYERS, FL 339120000 US

4830 LAUREL LN FT MYERS, FL 33908 US

RODGERS, JIMMY

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: JIMMY RODGERS 04/27/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition

KEYS, CAROLINE Name: Name: 4805 LAUREL LN Address: Address: City-St-Zip: FORT MYERS, FL 33908 City-St-Zip:

Title: DT Title: () Delete () Change () Addition

Name: TRUAX, BILL Name: Address: 6528 DANIEL CT. Address: City-St-Zip: FORT MYERS, FL 33908 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

NILAND, JIM Name: RODGERS, JIMMY Name: 6852 GRIFFIN BLVD. 4830 LAUREL LANE Address: Address: City-St-Zip: FT. MYERS. FL City-St-Zip: FT. MYERS, FL 33908

Title: PD () Delete Title: (X) Change () Addition

ZITZLOFF, RAY Name: Name: DEPREE, CHERI 4804 SHIRAY LANE 4821 GRIFFIN BLVD Address: Address: City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: FORT MYERS, FL 33908

Title: VPD () Delete Title: (X) Change () Addition

COLLINS, CHRISTIN COLLINS, CHRISTIN Name: Name: 6458 GRIFFEN BLVD. 6458 GRIFFEN BLVD. Address: Address: FORT MYERS, FL 33908 City-St-Zip: FORT MYERS, FL 33908 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: JIMMY RODGERS Т 04/27/2006