

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90021 012 \*\*\*\*61.25



**DOCUMENT # N01000000786**  
1. Entity Name  
**PALM ISLAND BAY VILLA'S CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
7092 PLACIDA RD 7092 PLACIDA RD  
CAPE HAZE FL 33946 CAPE HAZE FL 33946

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/07)  
4. FEI Number **03-0384629** Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required



6. Name and Address of Current Registered Agent  
**REMOUR, CRAIG**  
**7092 PLACIDA RD.**  
**PLACIDA FL 33946**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature is required when re-appointing) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIES, JIM</b>	
STREET ADDRESS	<b>64 CHESTNUT ST.</b>	
CITY-ST-ZIP	<b>MURRAY HILL NJ 06974</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MASTERS, DAVID</b>	
STREET ADDRESS	<b>7092 PLACIDA RD.</b>	
CITY-ST-ZIP	<b>PLACIDA FL 33946</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MAURER, CLAUDIA</b>	
STREET ADDRESS	<b>7092 PLACIDA RD.</b>	
CITY-ST-ZIP	<b>CAPE HAZE FL 33946</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CASWELL, ORVILLE</b>	
STREET ADDRESS	<b>87 GRANITE ST.</b>	
CITY-ST-ZIP	<b>ROCKPORT MA 01966</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 officers empowered.

SIGNATURE: **CRAIG A. Remour**