2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 19, 2004 8:00 am Secretary of State DOCUMENT # N02000002014 1. Entity Name 04-19-2004 90313 037 ****61.25 THE PALMS OF MANASOTA VILLAS ASSOCIATION, INC. Principal Place of Business Mailing Address 268 51ST ST CIRCLE E-PALMETTO FL 34221 P.O. BOX 460 PALMETTO FL 34221 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 55-0789475 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LYNAH, MARY Street Address (P.O. Box Number is Not Acceptable) 110 49TH COURT EAST PALMETTO FL 34221 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 required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE Change Betty Debenham LYNAH, MARY NAME NAME 110 49TH CT E. STREET ADDRESS STREET ADORESS PALMETTO FL 34221 Palmetto FL 34221 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Abby Otis 260 51ST CIFE ☐ Change Addition CONNER, JERRY NAME NAME 215 49TH CIR E STREET ADDRESS STREET ADDRESS PALMETTO FL 34221 Palmetto FL 34221 CITY-ST-ZIP CITY-ST-ZIP TITLE -5d Kobee -TITLE Change Addition LAIDIG, RON NAME NAME 2405151 Cir E 316 49TH ST E STREET ADDRESS STREET ADDRESS Palmetto FL 34221 PALMETTO FL 34221 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE FILIPSKI, VALERIE NAME NAME 106 49TH ST E STREET ADDRESS STREET ADDRESS PALMETTO FL 34221 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition CHILDRESS, LISA NAME NAME 314 49TH ST E STREET ADDRESS STREET ADDRESS PALMETTO FL 34221 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

FILED