2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2006 8:00 am Secretary of State

DOCUMENT # N02000002014 1. Entity Name THE PALMS OF MANASOTA VILLAS ASSOCIATION, INC.									•	028 ****	
Principal Place of Business Mailing Address 228 51ST ST CIR E P.O. BOX 460 PALMETTO, FL 34221 PALMETTO, FL 34221						± ####################################		Bir bəfə gə		KEN FO UTI FOO F S	ITTE EL ESTO
2. Principal P	lace of Business	3. Mailing Address									
Suite, Apt.		Suite, Apt. #, etc.				03152006	Chg-N	P	CR2E0	37 (11/05)	
PALMETTO, FL		City & State				4. FEI Numb 55-078				No	oplied For of Applicable
3422L Country MANATEE		Zip				5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name and Address of Current I	Registered Agent	-	Name	_	7. Name and	Address	of New	Registered	Agent	
	ARY COURT EAST O, FL 34221		Street			ss (P.O. Box Number is Not Acceptable)					
I ALMETT		-			FI Zip Code						
The above named entity submits this statement for the purpose of changing its regis				City					<u>FI</u>	<u>- I</u>	
the obligat	ions of registered agent. Signature typed or printed name of registered agent a	and title if applicable. (NO	TE: Registere	id Agent signatur	re required w	hen reinstating)		• • •	DATE		
	Filing Fee is \$61.25	9. Election Ca	ımpaign F		_ :	5.00 May i	Be			k payable t	
	Due by May 1, 2006	Trust Fund	Contribut	ion. [L ,	5.00 May a	5	Fk	orlda Depa	rtment of S	tate
10.	_	Trust Fund		ion. [L) ,	Added to Fees	5	Fk	orlda Depa		tate
TITLE NAME	Due by May 1, 2006 OFFICERS AND DIF D LYNAH, MARY	Trust Fund	11.	ion. [5 D	Added to Fees	HANGES TO	FK O OFFIC	erida Depa ERS AND D	IRECTORS IN	tate
TITLE NAME STREET ADDRESS	Due by May 1, 2006 OFFICERS AND DIF D LYNAH, MARY 110 49TH CT E.	Trust Fund	11. TITL: NAM. STRI	E E EET ADDRESS	AI 5 D 7 O C 3 5 2	Added to Fees DITIONS/CH	HANGES TO	FRO OFFICE	ERS AND C	IRECTORS IN	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under eath; 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

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/24/06

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