

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

FILED
Apr 04, 2005 8:00 am
Secretary of State

03-04-2005 90082 011 ****61.25

DOCUMENT # N04000000661
1. Entity Name
PALM ISLAND GULF VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **7092 PLACIDA ROAD CAPE HAZE FL 33946**
Mailing Address: **7092 PLACIDA ROAD CAPE HAZE FL 33946**

66008472



1st MOORE CR2E037 (10/04)

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **HACKETT, JACK O II, ESQ
FARR FARR EMERICH SIFRIT ET AL
99 NESBIT STREET
PUNTA GORDA FL 33950**
7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
Make Check Payable to Florida Department of State
FILE NOW - FEE IS \$61.25 Due By May 1, 2005

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: BECKSTEAD, DEAN STREET ADDRESS: 7092 PLACIDA ROAD CITY-ST-ZIP: CAPE HAZE FL 33946	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: FITZSIMMONS, TIM STREET ADDRESS: 7092 PLACIDA ROAD CITY-ST-ZIP: CAPE HAZE FL 33946	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: MCFARLAND, MIKE STREET ADDRESS: 7092 PLACIDA ROAD CITY-ST-ZIP: CAPE HAZE FL 33946	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ DATE: **2/2/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **941-697-7202**
Daytime Phone #