

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90042 024 \*\*\*\*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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE CR2E037 (10/05)

4. FEI Number **20-2592430**  
**APPLIED FOR** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HACKETT, JACK O II, ESQ**  
**FARR FARR EMERICH SIFRIT ET AL.**  
**99 NESBIT STREET**  
**PUNTA GORDA FL 33950**

Name **BECKSTEAD, DEAN L.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7092 PLACIDA ROAD**  
 City **CAPE HAZE** **FL** Zip Code **33946**

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)

DATE \_\_\_\_\_

**FILE NOW - FEE IS \$61.25**  
**Due By May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	BECKSTEAD, DEAN	7092 PLACIDA ROAD	CAPE HAZE FL 33946	<input type="checkbox"/>
VD	FITZSIMMONS, TIM	7092 PLACIDA ROAD	CAPE HAZE FL 33946	<input type="checkbox"/>
SD	MCFARLAND, MIKE	7092 PLACIDA ROAD	CAPE HAZE FL 33946	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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 like empowered.

SIGNATURE: \_\_\_\_\_

*[Handwritten Signature]*

1/2/06

94-697-7207