
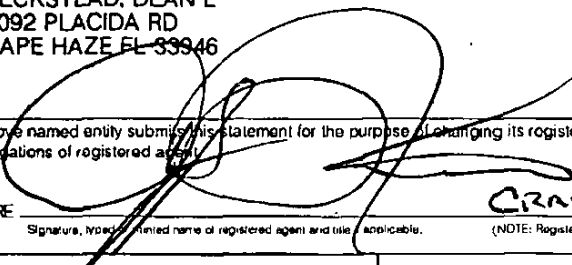
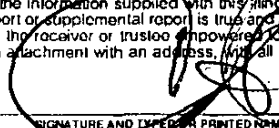


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 04, 2007 8:00 am
Secretary of State

05-04-2007 90067 029 ****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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 20-2592430		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BECKSTEAD, DEAN L 7092 PLACIDA RD CAPE HAZE FL 33946		7. Name and Address of New Registered Agent Name: CRAIG REMOUR Street Address (P.O. Box Number is Not Acceptable): 7092 PLACIDA RD. 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 		CRAIG A. REMOUR DATE: 3/26/07	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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: PD NAME: BECKSTEAD, DEAN STREET ADDRESS: 7092 PLACIDA ROAD CITY-ST-ZIP: CAPE HAZE FL 33946	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: JACK MATHEWS STREET ADDRESS: C/O MATHEWS INVESTMENT SOUTHWEST CITY-ST-ZIP: 120 WINDING CREEK ARGYLE, TX 76226	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD NAME: FITZSIMMONS, TIM STREET ADDRESS: 7092 PLACIDA ROAD CITY-ST-ZIP: CAPE HAZE FL 33946	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: PETER DONNANTUOMI STREET ADDRESS: 15208 GULF BLVD, 208 CITY-ST-ZIP: MADRIDIA BEACH, FL 33708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: MCFARLAND, MIKE STREET ADDRESS: 7092 PLACIDA ROAD CITY-ST-ZIP: CAPE HAZE FL 33946	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: EDWARD GILLESPIE STREET ADDRESS: 2205 WIMBLEDON CITY-ST-ZIP: ARDMORE, OK 73401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: P NAME: EUGENE MCGOWAN STREET ADDRESS: 308 E. PENBROOK CIRCLE CITY-ST-ZIP: SIOUX FALLS, SD 57108	<input type="checkbox"/> Delete	TITLE: D NAME: TOM BUFFET STREET ADDRESS: 683 MOUNTAIN VIEW DRIVE CITY-ST-ZIP: SARASOTA, FL 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S NAME: ANNETTE KAPLAN STREET ADDRESS: P.O. BOX 2360 CITY-ST-ZIP: LONGBEACH TOWNSHIP, NJ 08008	<input type="checkbox"/> Delete	TITLE: D NAME: MARK HUGES STREET ADDRESS: 7901 207TH ST. EAST CITY-ST-ZIP: BRADENTON, FL 34202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T NAME: PETER KOZICZ STREET ADDRESS: 1416 LAKESHORE RD. EAST CITY-ST-ZIP: OAKVILLE, ONTARIO, CANADA L6J 1M1	<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 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, and all other like empowered.			
SIGNATURE: 		3/26/07 (941) 697-1970	
SIGNATURE AND IMPERIAL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66017812



1st MOORE CR2E037 (10/06)