


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

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90128 010 ****61.25

DOCUMENT # N17864
 1. Entity Name
PALM CAY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O KENNETH KIRKPATRICK **P.O. BOX 76063**
8888 S.W. STATE RD. 200 **OCALA FL 34481**
OCALA FL 34481
US



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **PO BOX 772042**
 Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State
OCALA FL

4. FEI Number Applied For
59-2774085 Not Applicable

Zip Country Zip Country
34477 **USA**

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

6. Name and Address of Current Registered Agent
HALDERMAN, KEN
11237 SW 78 COURT
OCALA-FL-34476

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **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 **KEN HALDERMAN** *[Signature]* **2/22/06**
Signature, typed or printed name of registered agent and title, if applicable. NOTE: Registered Agent signature required when reappointing. 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CONN, ROBERT	
STREET ADDRESS	8546 SW 107 PLACE	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAM, MAHAR	
STREET ADDRESS	11266 SW 76 TERR	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRKPATRICK, KENNETH	
STREET ADDRESS	8888 SW STATE RD 200	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOLANOWSKI, DAN	
STREET ADDRESS	8326 SW 107 PLACE	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GOODPASTER, DIANE	
STREET ADDRESS	11086 SW 77 COURT	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	T	<input type="checkbox"/> Delete
NAME	RAYMOND, SAVOIE A	
STREET ADDRESS	11068 SW 75 AVE	
CITY-ST-ZIP	OCALA FL 34476	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOYCE EDGERTON	
STREET ADDRESS	8356 SW 106 STREET	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGER DEMARY	
STREET ADDRESS	8306 SW 106 PLACE	
CITY-ST-ZIP	OCALA FL 34481	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **RAYMOND A. SAVOIE** *[Signature]* **2/22/06** **(352)237-2623**