

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17864

FILED
Jan 29, 2011
Secretary of State

Entity Name: PALM CAY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O KENNETH KIRKPATRICK
8888 S.W. STATE RD. 200
OCALA, FL 34481 US

New Principal Place of Business:

Current Mailing Address:

POB 772042
OCALA, FL 34477 US

New Mailing Address:

FEI Number: 59-2774085 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLOMON, NANCY B
8548 SW 105 PLACE
OCALA, FL 34481 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SOLOMON, NANCY B
Address: 8548 SW 105 PLACE
City-St-Zip: Ocala, FL 34481

Title: VD
Name: TRESTED, KENNETH
Address: 8122 SW 106 PLACE
City-St-Zip: Ocala, FL 34481

Title: D
Name: KIRKPATRICK, KENNETH
Address: 8888 SW STATE RD 200
City-St-Zip: Ocala, FL 34481

Title: T3
Name: EDGERTON, CARL
Address: 8356 SW 106 STREET
City-St-Zip: Ocala, FL 34481

Title: D
Name: CONNORS, DANIEL
Address: 8542 SW 107 LANE
City-St-Zip: Ocala, FL 34481

Title: D
Name: BEAVER, CAROL
Address: 8278 SW 105 PLACE
City-St-Zip: Ocala, FL 34481

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CARL L. EDGERTON, TREASURER

T3

01/29/2011

Electronic Signature of Signing Officer or Director

_____ Date