


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90033 020 \*\*\*\*61.25

**DOCUMENT # N35287**

1. Entity Name  
**PALM COVE PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business: **2115 SE OCEAN BLVD STUART FL 34996 US**  
 Mailing Address: **2115 SE OCEAN BLVD STUART FL 34996 US**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_



MOORE CR2E037 (11/03)

4. FEI Number **65-0161146** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**MALLORY, EARL K  
 1907 COMMERCE LN., #104  
 JUPITER FL 33458**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25 Due By May 1, 2004**

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 <del>PD</del>	<del>MALLORY, EARL</del> <input checked="" type="checkbox"/> Delete	TITLE <b>P</b>	<b>P/D</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>MALLORY, EARL</del>	NAME	<b>HOWARD, STEPHEN</b>
STREET ADDRESS	<del>6061 FOUNTAIN PALM DR</del>	STREET ADDRESS	<b>18621 Lakeside Gardens Drive</b>
CITY-ST-ZIP	<del>JUPITER FL 33458</del>	CITY-ST-ZIP	<b>Jupiter, FL. 33458</b>
TITLE <del>D</del>	<del>LIVEBAY, LISA</del> <input checked="" type="checkbox"/> Delete	TITLE <b>T/D</b>	<b>T/D</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>LIVEBAY, LISA</del>	NAME	<b>NESS, STEVE</b>
STREET ADDRESS	<del>18586 LAKESIDE GARDENS DR</del>	STREET ADDRESS	<b>18604 Lakeside Gardens Drive</b>
CITY-ST-ZIP	<del>JUPITER FL 33458</del>	CITY-ST-ZIP	<b>Jupiter, FL. 33458</b>
TITLE <del>SB</del>	<del>SAUNDERS, JUDY</del> <input checked="" type="checkbox"/> Delete	TITLE <b>S/D</b>	<b>S/D</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>SAUNDERS, JUDY</del>	NAME	<b>QUINN, ROBERT</b>
STREET ADDRESS	<del>6060 FOUNTAIN PALM DRIVE</del>	STREET ADDRESS	<b>6025 Fountain Palm Drive</b>
CITY-ST-ZIP	<del>JUPITER FL 33458</del>	CITY-ST-ZIP	<b>Jupiter, FL. 33458</b>
TITLE <del>TB</del>	<del>MALONE, JAN</del> <input checked="" type="checkbox"/> Delete	TITLE <b>VP/D</b>	<b>VP/D</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>MALONE, JAN</del>	NAME	<b>LOCKE, MRS. MICHELLE</b>
STREET ADDRESS	<del>6086 FOUNTAIN PALM DRIVE</del>	STREET ADDRESS	<b>6041 Fountain Palm Drive</b>
CITY-ST-ZIP	<del>JUPITER FL 33458</del>	CITY-ST-ZIP	<b>Jupiter, FL. 33458</b>
TITLE <del>TB</del>	<del>FRUSTICK, PHYLLIS</del> <input checked="" type="checkbox"/> Delete	TITLE <b>D</b>	<b>D</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>FRUSTICK, PHYLLIS</del>	NAME	<b>SAUNDERS, CHARLES</b>
STREET ADDRESS	<del>18624 LAKESIDE GARDEN DRIVE</del>	STREET ADDRESS	<b>6060 Fountain Palm Drive</b>
CITY-ST-ZIP	<del>JUPITER FL 33458</del>	CITY-ST-ZIP	<b>Jupiter, FL. 33458</b>
TITLE <b>D</b>	<b>LOCKE, MICHELLE</b> <input type="checkbox"/> Delete	TITLE <b>D</b>	<b>D</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LOCKE, MICHELLE</b>	NAME	<b>SCHMITT, RICK</b>
STREET ADDRESS	<b>6041 FOUNTAIN PALM DRIVE</b>	STREET ADDRESS	<b>18610 Lakeside Gardens Drive</b>
CITY-ST-ZIP	<b>JUPITER FL 33458</b>	CITY-ST-ZIP	<b>Jupiter, FL. 33458</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **March 1, 2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **712-220-0005**