

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90318 049 ****61.25



DOCUMENT # N35287
 1. Entity Name
PALM COVE PROPERTY OWNERS ASSOCIATION, INC.

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



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
65-0161146 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 **JOSEPH D. MALONE**
 Street Address (P.O. Box Number is Not Acceptable)
6085 FOUNTAIN PALM DR.
 City **JUPITER** **FL** Zip Code **33458**

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 *Joseph D. Malone* **JOSEPH D. MALONE, PRESIDENT** **4/14/05**
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, 2005

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	PD HOWARD, STEPHEN 18621 LAKESIDE GARDENS DRIVE JUPITER FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, STEPHEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NESS, STEVE 18604 LAKESIDE GARDENS DRIVE JUPITER FL 33458 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEIBOVICH, STEVEN 18585 LAKESIDE GARDENS DR. JUPITER FL 33458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD QUINN, ROBERT 6025 FOUNTAIN PALM DRIVE JUPITER FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINN, ROBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOCKE, MICHELLE 6041 FOUNTAIN PALM DRIVE JUPITER FL 33458 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALONE, JOSEPH D. 6085 FOUNTAIN PALM DR. JUPITER FL 33458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCKE, MICHELLE 6041 FOUNTAIN PALM DRIVE JUPITER FL 33458 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRAGG, ROBERT 6072 FOUNTAIN PALM DR. JUPITER FL 33458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAUNDERS, CHARLES 6060 FOUNTAIN PALM DRIVE JUPITER FL 33458 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILCOX, ANNE KAZEL 18633 LAKESIDE GARDEN DR. JUPITER FL 33458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Joseph D. Malone* **4-14-05** **561-743-9356**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #