

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N35982

1. Entity Name
**PALM COVE GOLF & YACHT CLUB COMMUNITY
ASSOCIATION, INC.**



Principal Place of Business
**755 SW MAPP ROAD
PALM CITY, FL 34990 US**

Mailing Address
**755 SW MAPP ROAD
PALM CITY, FL 34990 US**



02112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0224087

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PATRICIA KIMBALL FLETCHER, P.A.
200 SOUTH BISCAYNE BLVD.
SUITE 3400
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERNANDEZ, ROGELIO 755 SW MAPP ROAD PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMERON, CLAY 755 SW MAPP ROAD PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD CHARLTON, RICHARD 700 SW MAP ROAD PALM CITY, FL 34990
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/21/05-80061-021 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/05 772-463-460