2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000381

FILED Apr 29, 2005 Secretary of State

Entity Name: PALM BAY CLUB HOMEOWNERS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 5752 VINTAGE OAKS CIR DELRAY BEACH, FL 33484 **Current Mailing Address: New Mailing Address:** 21045 COMMERCIAL TRAIL US BOCA RATON, FL 33486 FEI Number: 65-1147940 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ISAACSON, WILLIAM K C/O LANG MGMT 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete SUTTIN, EUGENE N SOMMERS, BERNARD Name: Name: 5752 VINTAGE OAKS CIR Address: 108-D PALM BAY CLUB DRIVE Address: City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip: WEST PALM BEACH, FL 33418 Title: () Delete Title: () Change () Addition ROMANOWSKI, STEVEN Name: Name: Address: 5752 VINTAGE OAKS CIR Address: City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip: Title: () Delete Title: (X) Change () Addition WEITZ, KENNETH WEITZ, KENNETH Name: Name: 5752 VINTAGE OAKS CIR Address: Address: 5752 VINTAGE OAKS CIR City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip: DELRAY BEACH, FL 33484 US Title: () Delete Title: () Change (X) Addition Name: Name: LOHMEIER, SIMON Address: Address: 113-D PALM BAY CLUB City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33418 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DIANE JUDD, OFFICE MANAGER OF 04/29/2005