2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2008 8:00 am Secretary of State

03-14-2008 90039 046 ****61.25

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DOCUMENT # N98000007200

Entity Name

THE PALMS AT ATLANTIS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business C/O CMC MANAGEMENT 2994 JOY RD, STE B LAKE WORTH FL 33467 Mailing Address C/O CMC MANAGEMENT 2994 JOY RD, STE B LAKE WORTH, FL 3346

LAKE WORTH, FL 33467 L				2994 JOY RD, STE B LAKE WORTH, FL 33467								
2. Principal Place of Business - No P.O. Box # 3. N				Mailing Address								
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.			010820	01082008 Chg-NP CR2E037 (12/06)				
City & State			City & State			4. FEI Nu 65-0	Imber)827598				Applied For	
Zip Country		Zip		Cou	ntry	5. Certifi	5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name and	Address of Current	t Registere	d Agent			7. Name	and Address	s of New F	Registered	Agent	
GERRIOLI GOGT A						Name						
GERRISH, SCOT A 2999 JOG RD STE B GREENACRES, FL 33467						Street Address (P.O. Box Number is Not Acceptable)						
ORLLIVA	J. (20)					1						
						City				FL	Zip Ço	ode
	e named entity sub tions of registered	omits this statement f agent.	or the purp	ose of changing its	registere	ed office or re	gistered agent, o	r both, in the	State of FI	orida. I am	familiar wit	h, and accept
SIGNATURE		ited name of registered agen	nt and little if and	icable (NOTE	: Registere	1 Agent signature n	required when reinstatin	g)		DATE		
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Filing Fee is \$61.25 Due by May 1, 2008				Election Campaign Fit Trust Fund Contribution		inancing	\$5.00	55.00 May Be dded to Fees Make check payable to Florida Department of State			to	
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10.	_		IRECTORS		. •	on. \square	Added to F		Flo	rida Depa	rtment of	State
10.	_	1, 2008	IRECTORS		ontributi		Added to F	ees	Flo	rida Depa	rtment of	State IN 10
	P GREAVETTE,	1, 2008 OFFICERS AND D	IRECTORS	Trust Fund C	ontributi		Added to F	ees	Flo	rida Depa	RECTORS	State IN 10
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

110/100

Daytime Phone #