

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17864

**Entity Name:** PALM CAY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8063 SW 106 PLACE  
OCALA, FL 34481

**Current Mailing Address:**

8306 SW 106 PLACE  
OCALA, FL 34481 US

**FEI Number:** 59-2774085

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DEMARY, JANET B  
8306 SW 106 PLACE  
OCALA, FL 34481 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

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            STRONG , AUDREY  
Address        11057 SW 79 AVENUE  
City-State-Zip: Ocala FL 34476

Title            TREASURER  
Name            DEMARY, JANET  
Address        8306 SW 106 PLACE  
City-State-Zip: Ocala FL 34481

Title            DIRECTOR  
Name            COVAIS, MARIE  
Address        11041 SW 75 AVENUE  
City-State-Zip: Ocala FL 34476

Title            VP, DIRECTOR  
Name            PEDEN, CHERYL  
Address        8273 SW 107 PLACE  
City-State-Zip: Ocala FL 34481

Title            DIRECTOR  
Name            GRAMLING, KAY  
Address        11287 SW 77 COURT  
City-State-Zip: Ocala FL 34476

Title            DIRECTOR  
Name            PEYATT, FLORENCE  
Address        11117 SW 79 AVENUE  
City-State-Zip: Ocala FL 34476

Title            DIRECTOR  
Name            IRISH, SANDRA  
Address        8511 SW 106 PLACE  
City-State-Zip: Ocala FL 34481

Title            DIRECTOR  
Name            HIMMEL, CARMELA  
Address        7581 SW 108 PL  
City-State-Zip: Ocala FL 34476

*I hereby 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 all other like empowered.*

**SIGNATURE:** JANET DEMARY

**TREASURER**

**02/09/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date