

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17864

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

**FILED**  
**Mar 19, 2022**  
**Secretary of State**  
**0989613007CC**

**Current Principal Place of Business:**

8063 SW 106TH PLACE  
OCALA, FL 34481

**Current Mailing Address:**

8063 SW 106TH PLACE  
OCALA, FL 34481 US

**FEI Number:** 59-2774085

**Certificate of Status Desired:** No

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

CROCKETT, MARY E  
8427 SW 106TH 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:** MARY E CROCKETT

03/19/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            MATTHEWS, JEANINE  
Address        11263 SW 75TH AVE  
City-State-Zip: Ocala FL 34476

Title            VP, DIRECTOR  
Name            CARTER, DAVID  
Address        8330 SW 105TH PLACE  
City-State-Zip: Ocala FL 34481

Title            SECRETARY  
Name            WEBBER, KATHERINE  
Address        10989 SW 79TH TERRACE  
City-State-Zip: Ocala FL 34476

Title            DIRECTOR  
Name            GOFF, DELORIS  
Address        11289 SW 78TH AVENUE  
City-State-Zip: Ocala FL 34476

Title            DIRECTOR  
Name            DURHAM, SUSAN  
Address        11060 SW 77TH COURT  
City-State-Zip: Ocala FL 34476

Title            DIRECTOR  
Name            COOK, PAMELA  
Address        11252 SW 77TH COURT  
City-State-Zip: Ocala FL 34476

Title            DIRECTOR  
Name            MCLELLAN, CAROL  
Address        11126 SW 75TH TERRACE  
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:** JEANINE MATTHEWS

**PRESIDENT**

03/19/2022

Electronic Signature of Signing Officer/Director Detail

Date