

**2021 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            MATHEWS, JEANINE  
Address        11263 SW 75 AVE  
City-State-Zip: Ocala FL 34476

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

Title            VP, DIRECTOR  
Name            ROBERTS, FRED  
Address        11170 SW 77 COURT  
City-State-Zip: Ocala FL 34476

Title            DIRECTOR, SECRETARY  
Name            HARGIS, MELINDA  
Address        8563 SW 107 PLACE  
City-State-Zip: Ocala FL 34481

Title            DIRECTOR  
Name            PETE, DONALD  
Address        10945 SW 77 COURT  
City-State-Zip: Ocala FL 34476

Title            DIRECTOR  
Name            QUICK, SUSAN  
Address        10700 SW 85 TERRACE  
City-State-Zip: Ocala FL 34481

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

Title            DIRECTOR  
Name            MCLELLAN, CAROL  
Address        11126 SW 75 TERRACE  
City-State-Zip: Ocala FL 34476

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*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**

**02/04/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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