2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708915

FILED Apr 05, 2006 Secretary of State

Entity Name: PALMETTO LAKE ASSOCIATION, INC.

Current F	Principal Place	of Business:	New Principal Place	of Business:
15300 PA MIAMI, FL	LMETTO LAKE . 33157 US	DR		
Current N	/lailing Addres	s:	New Mailing Addres	s:
	LMETTO LAKE . 33157 US	DR		
FEI Numbe	r: 65-0006239	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and	d Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
ANDERS 15300 PA MIAMI, FL	LMÉTTO LAKE	DRIVE		
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or bot
	e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or bot
n the Stat	e of Florida.	submits this statement for the place of Registered Ag		ed office or registered agent, or bot Date
n the Stat SIGNATU	e of Florida.	ic Signature of Registered Ag	ent	
n the Stat SIGNATU	e of Florida. RE: Electron S AND DIREC PD () ANDERSON, AN	ic Signature of Registered Ag TORS: Delete IN TO LAKE DRIVE	ent	Date
n the Stat BIGNATU DFFICER Title: Name: Address:	e of Florida. RE: Electron S AND DIREC PD () ANDERSON, AN 15300 PALMET MIAMI, FL 3318	ic Signature of Registered Ag TORS: Delete IN TO LAKE DRIVE 57 Delete MINE THE AVENUE	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECT
n the Stat BIGNATU DFFICER Title: Jame: Jame: Jame: Jame: Jame: Jame: Jame: Jame: Jame:	E of Florida. RE: Electron S AND DIREC PD () ANDERSON, AN 15300 PALMET MIAMI, FL 3315 VPD () POLLARD, HER 15325 S.W. 99 MIAMI, FL 3315	ic Signature of Registered Ag TORS: Delete IN TO LAKE DRIVE 57 Delete EMINE TH AVENUE 57 Delete ETR	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date ES TO OFFICERS AND DIRECT () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ANN ANDERSON PD 04/05/2006