

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90360 022 *****70.00

DOCUMENT # 713951

1. Entity Name

PALM LAKE ASSOCIATION, INC.



Principal Place of Business

214 PALM LAKE DR
SANIBEL FL 33957
US

Mailing Address

214 PALM LAKE DR
SANIBEL FL 33957
US

2. Principal Place of Business

3010 W. GULF DR

3. Mailing Address

3010 W GULF DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANIBEL, FL

City & State

SANIBEL, FL

Zip

33957

Country

USA

Zip

33957

Country

USA

4. FEI Number

59-1259550

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEIER, CARL
214 PALM LAKE DRIVE
SANIBEL FL 33957

7. Name and Address of New Registered Agent

Name **SHOWALTER, VICTOR**

Street Address (P.O. Box Number is Not Acceptable)

3010 W. GULF DR

City

SANIBEL

FL

Zip Code

33957

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Victor M Showalter **VICTOR SHOWALTER, SEC-TREAS.**

4/14/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete
NAME **JURA, ROBERT**
STREET ADDRESS **223 PALM LAKE DRIVE**
CITY-ST-ZIP **SANIBEL FL 33957**

TITLE **P** ☐ Delete
NAME **MCLEAN, EDWARD**
STREET ADDRESS **283 PALM LAKE DRIVE**
CITY-ST-ZIP **SANIBEL FL 33957**

TITLE **D** ☒ Delete
NAME **GOETZINGER, JOHN**
STREET ADDRESS **250 PALM LAKE DRIVE**
CITY-ST-ZIP **SANIBEL FL 33957**

TITLE **D** ☒ Delete
NAME **CERRETANI, LAWRENCE**
STREET ADDRESS **220 PALM LAKE DRIVE**
CITY-ST-ZIP **SANIBEL FL 33957**

TITLE **ST** ☐ Delete
NAME **MEIER, CARL F.**
STREET ADDRESS **214 PALM LAKE DRIVE**
CITY-ST-ZIP **SANIBEL FL 33957**

TITLE **D** ☐ Delete
NAME **DAVIS, MARION**
STREET ADDRESS **231 PALM LAKE DRIVE**
CITY-ST-ZIP **SANIBEL FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **JURA, ROBERT**
STREET ADDRESS **223 PALM LAKE DR**
CITY-ST-ZIP **SANIBEL, FL 33957**

TITLE **D** ☒ Change ☐ Addition
NAME **MCLEAN, EDWARD**
STREET ADDRESS **283 PALM LAKE DR.**
CITY-ST-ZIP **SANIBEL, FL 33957**

TITLE **ST** ☒ Change ☒ Addition
NAME **SHOWALTER, VICTOR**
STREET ADDRESS **3010 W. GULF DR.**
CITY-ST-ZIP **SANIBEL, FL 33957**

TITLE **D** ☐ Change ☒ Addition
NAME **WILSON, JAMES**
STREET ADDRESS **235 PALM LAKE DR**
CITY-ST-ZIP **SANIBEL, FL 33957**

TITLE **VP** ☒ Change ☐ Addition
NAME **MEIER, CARL**
STREET ADDRESS **214 PALM LAKE**
CITY-ST-ZIP **SANIBEL, FL 33957**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

Victor Showalter **sec/treas**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04 **(239) 472-2240**

Date

Daytime Phone #