

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90137 007 ****61.25

DOCUMENT # 713951 1. Entity Name PALM LAKE ASSOCIATION, INC.					
Principal Place of Business 312 214 PALM LAKE DR SANIBEL, FL 33957 US				Mailing Address 312 214 PALM LAKE DR SANIBEL, FL 33957 US	
2. Principal Place of Business - No P.O. Box # 214 Palm Lake Dr		3. Mailing Address 214 Palm Lake Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02272007 Chg-NP CR2E037 (12/06)	
City & State Sanibel, FL		City & State Sanibel, FL		4. FEI Number 59-1259550	
Zip 33957		Country Lee		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, WILLIAM 312 PALM LAKE DR SANIBEL, FL 33957			7. Name and Address of New Registered Agent Name: Gail Meier Street Address (P.O. Box Number is Not Acceptable): 214 Palm Lake Drive 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: <u>Gail Meier</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP TOWNSLEY, SCOTT 250 PALM LAKE DR SANIBEL, FL 33957	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLEAN, EDWARD 283 PALM LAKE DRIVE SANIBEL, FL 33957	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, WILLIAM 312 PALM LAKE DR SANIBEL, FL 33957	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Craig Juravinski 223 Palm Lake Dr Sanibel, FL 33957 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DILGER, KENNETH 3020 WEST GULF DR SANIBEL, FL 33957	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Deb Stone 249 Palm Lake Dr Sanibel, FL 33957 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEIER, CARL F. 214 PALM LAKE DRIVE SANIBEL, FL 33957	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Gail Meier 214 Palm Lake Dr Sanibel, FL 33957 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, MARION 231 PALM LAKE DRIVE SANIBEL, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Gail C Meier</u> <u>Gail C. MEIER</u> 4/1/2007 (239) 395-0311 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					