

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90035 050 \*\*\*\*61.25

**DOCUMENT # 713951**

1. Entity Name

PALM LAKE ASSOCIATION, INC.



Principal Place of Business

214 PALM LAKE DRIVE  
SANIBEL FL 33957  
US

Mailing Address

214 PALM LAKE DRIVE  
SANIBEL FL 33957  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
59-1259550

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEIER, GAIL  
214 PALM LAKE DRIVE  
SANIBEL FL 33957

Name

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

City

FL

Zip Code

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

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, 2008**

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	<input checked="" type="checkbox"/> Delete
NAME	TOWNSLEY, SCOTT	
STREET ADDRESS	250 PALM LAKE DR	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCLEAN, EDWARD	
STREET ADDRESS	283 PALM LAKE DRIVE	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	V	<input type="checkbox"/> Delete
NAME	JURASINKA, CRAIG	
STREET ADDRESS	223 PALM LAKE DR.	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	D	<input type="checkbox"/> Delete
NAME	STONE, DEB	
STREET ADDRESS	249 PALM LAKE DRIVE	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	Treasurer	<input checked="" type="checkbox"/> Delete
NAME	MEIER, GAIL	
STREET ADDRESS	214 PALM LAKE DRIVE	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	D	<input type="checkbox"/> 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	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOB DAVIS	
STREET ADDRESS	PALM LAKE DR	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEN DILGER	
STREET ADDRESS	3020 WEST GULF DRIVE	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAN SPRAGUE-HOLTE	
STREET ADDRESS	1211 PAR VIEW DRIVE	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, DEB	
STREET ADDRESS	294 PALM LAKE DR	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROL TOWNSLEY	
STREET ADDRESS	250 PALM LAKE DR	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	DEBBIE MAC KELLAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	313 PALM LAKE DR	
STREET ADDRESS	SANIBEL FL 33957	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Gail C Meier*

*February 26 2008*