2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 717541

1. Entity Name
PALM POINT PROPERTY OWNERS ASSOCIATION, IC.

Principal Place of Business	Mailing Address
17 PALM POINT DR JUPITER, FL 33458 US	17 PALM POINT DR JUPITER, FL 33458 US

01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0134770
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SNYDER, KARL
17 PALM POINT DR
JUPITER, FL 33458

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	BLEICHER, WILLIAM
STREET ADDRESS	11 LAIRD LANE
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	SD
NAME	BUSH, DAVID
STREET ADDRESS	12 PALM PT DR
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	P
NAME	KENNEDY, DENISE
STREET ADDRESS	5114 LAIRD LANE
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	T
NAME	KARL, SNYDER
STREET ADDRESS	17 PALM POINT DR
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/11/06-80080-010 61.25

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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: _____ 1/5/06 561 310-8054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #