

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

DOCUMENT # 729026

1. Entity Name

PALM COLONY CLUB CONDOMINIUM ASSOCIATION, INC.



**FILED  
Apr 15, 2008 8:00 am  
Secretary of State**

04-15-2008 90012 026 \*\*\*\*61.25



1st MOORE CR2E037 (10/07)

Principal Place of Business		Mailing Address	
2700 N. A1A OFFICE INDIALANTIC FL 32903		2700 N. A1A OFFICE INDIALANTIC FL 32903	
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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SOILEAU, JOHN L 3490 N. US HWY 1 COCOA FL 32926		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<p><input checked="" type="checkbox"/> Delete</p> <p>TITLE: D NAME: MCGINNIS, MARY LEE STREET ADDRESS: 2700 N. HWY A1A #17-102 CITY-ST-ZIP: INDIALANTIC FL 32903</p>		<p><input checked="" type="checkbox"/> Delete</p> <p>TITLE: VICE PRESIDENT NAME: GLORIA COHN STREET ADDRESS: 2700 N HWY A1A #5-104 CITY-ST-ZIP: INDIACANTIC FL 32903</p>	
<p><input type="checkbox"/> Delete</p> <p>TITLE: T NAME: LUNWIG, LARRY STREET ADDRESS: 2700 N. HWY A1A #12-105 CITY-ST-ZIP: INDIALANTIC FL 32903</p>		<p><input type="checkbox"/> Delete</p> <p>TITLE: LUDWIG <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME:  STREET ADDRESS:  CITY-ST-ZIP:  LUDWIG <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p><input checked="" type="checkbox"/> Delete</p> <p>TITLE: VP NAME: WOOD, JEAN STREET ADDRESS: 2700 N. HWY A1A 4- 102 CITY-ST-ZIP: INDIALANTIC FL 32903</p>		<p><input type="checkbox"/> Delete</p> <p>TITLE: SECRETARY NAME: LOUISE PATENGE STREET ADDRESS: 2700 N HWY A1A 11-208 CITY-ST-ZIP: INDIACANTIC FL 32903</p>	
<p><input checked="" type="checkbox"/> Delete</p> <p>TITLE: P NAME: FARNSWORTH, EDWARD STREET ADDRESS: 2700 N HWY A1A, # 15-201 CITY-ST-ZIP: INDIANLANTIC FL 32903</p>		<p><input type="checkbox"/> Delete</p> <p>TITLE:  NAME:  STREET ADDRESS:  CITY-ST-ZIP:  PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p><input type="checkbox"/> Delete</p> <p>TITLE: S NAME: MANNING, MORRIE STREET ADDRESS: 2700 N HWY A1A, # 9-210 CITY-ST-ZIP: INDIALANTIC FL 32903</p>		<p><input type="checkbox"/> Delete</p> <p>TITLE:  NAME:  STREET ADDRESS:  CITY-ST-ZIP:  PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p><input type="checkbox"/> Delete</p> <p>TITLE: D NAME: PARRIS, JIM STREET ADDRESS: 2700 N. HWY A1A 12-212 CITY-ST-ZIP: INDIALANTIC FL 32903</p>		<p><input type="checkbox"/> Delete</p> <p>TITLE:  NAME:  STREET ADDRESS:  CITY-ST-ZIP:  PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p>	

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: *Mary Lee*

321-777-0939