

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90096 002 \*\*\*\*61.25

<b>DOCUMENT # 735608</b> 1. Entity Name <b>THE PALMS OF BAY BEACH CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>4248 BAY BEACH LANE FT. MYERS BCH, FL 33931</b>			Mailing Address <b>4248 BAY BEACH LANE FT. MYERS BCH, FL 33931</b>		
2. Principal Place of Business			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  <b>PECKHAM, JUDITH 4248 BAY BEACH LANE FT MYERS BCH, FL 33931</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution.		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULLEN, WILLIAM			NAME	
STREET ADDRESS	4253 BAY BEACH LANE A-7			STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931			CITY-ST-ZIP	
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRUSZKA, NEAL			NAME	T BOOTH, LAURIE
STREET ADDRESS	4374 108TH ST			STREET ADDRESS	4223 BAY BEACH LANE 1H
CITY-ST-ZIP	FRANKSVILLE, WI 53126			CITY-ST-ZIP	FT MYERS BEACH, FL 33931
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, WILLIAM			NAME	VP KEYSER, LEWIS
STREET ADDRESS	4203 BAY BEACH LANE 6-D			STREET ADDRESS	4253 BAY BEACH LANE 3A
CITY-ST-ZIP	FT. MYERS BEACH, FL 33931			CITY-ST-ZIP	FT MYERS BEACH, FL 33931
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAHWILER, LEON			NAME	S KIRBY, BARBARA
STREET ADDRESS	4203 BAY BEACH LANE 3-H			STREET ADDRESS	6 FREMONT AVE
CITY-ST-ZIP	FT MYERS BCH, FL 33931			CITY-ST-ZIP	EVERETT, MA 02149
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, EDWARD			NAME	PD ALLEN, EDWARD H.
STREET ADDRESS	3601 WOODBINE ROAD, RT 94			STREET ADDRESS	3601 WOODBINE ROAD, RT 94
CITY-ST-ZIP	WOODBINE, MD 21797			CITY-ST-ZIP	WOODBINE, MD 21797
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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.					
<b>SIGNATURE:</b> <i>Edward H. Allen</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Feb 28, 2005 239-463-2044 <small>Date Daytime Phone #</small>	

50022700



01052005 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-1671765

Applied For  
Not Applicable

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

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	D	<input type="checkbox"/> Delete
NAME	CULLEN, WILLIAM	
STREET ADDRESS	4253 BAY BEACH LANE A-7	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KRUSZKA, NEAL	
STREET ADDRESS	4374 108TH ST	
CITY-ST-ZIP	FRANKSVILLE, WI 53126	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JONES, WILLIAM	
STREET ADDRESS	4203 BAY BEACH LANE 6-D	
CITY-ST-ZIP	FT. MYERS BEACH, FL 33931	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GAHWILER, LEON	
STREET ADDRESS	4203 BAY BEACH LANE 3-H	
CITY-ST-ZIP	FT MYERS BCH, FL 33931	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALLEN, EDWARD	
STREET ADDRESS	3601 WOODBINE ROAD, RT 94	
CITY-ST-ZIP	WOODBINE, MD 21797	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOOTH, LAURIE	
STREET ADDRESS	4223 BAY BEACH LANE 1H	
CITY-ST-ZIP	FT MYERS BEACH, FL 33931	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEYSER, LEWIS	
STREET ADDRESS	4253 BAY BEACH LANE 3A	
CITY-ST-ZIP	FT MYERS BEACH, FL 33931	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIRBY, BARBARA	
STREET ADDRESS	6 FREMONT AVE	
CITY-ST-ZIP	EVERETT, MA 02149	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, EDWARD H.	
STREET ADDRESS	3601 WOODBINE ROAD, RT 94	
CITY-ST-ZIP	WOODBINE, MD 21797	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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**SIGNATURE:**

*Edward H. Allen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #