

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90059 048 \*\*\*\*61.25

<b>DOCUMENT # 739185</b>					
<b>1. Entity Name</b> PALM ESTATES CLUBHOUSE, INC.					
<b>Principal Place of Business</b> PALM ESTATES CLUBHOUSE 4643 ROYAL PALM DR. ZEPHYRHILLS, FL 33541 US			<b>Mailing Address</b> 37930 SAGO PALM DR ZEPHYRHILLS, FL 33542 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-2356383	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
PFEIFFER, LORRAINE 37930 SAGO PALM DR ZEPHYRHILLS, FL 33452			Name <b>ERNEST R FOOTE</b> Street Address (P.O. Box Number is Not Acceptable) <b>4434 SENTRY PALM LOOP</b> City <b>ZEPHYRHILLS</b> FL Zip Code <b>33542</b>		
<b>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.</b>					
SIGNATURE <i>Ernest R Foote</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>01/08/08</b> <small>(NOTE: Registered Agent signature required when reappointing)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R ROBY, JIM 37906 PALMETTO DR ZEPHYRHILLS, FL 33542	<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	T PFEIFFER, LORRAINE 37930 SAGO PALM DRIVE ZEPHYRHILLS, FL 33541	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOOTE, ERNEST R 4434 SENTRY PALM LOOP ZEPHYRHILLS, FL 33542-5625 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WARD, JAN 4721 CORAL ST. ZEPHYRHILLS, FL 33542	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRODI, JANE 4603 CORAL ST ZEPHYRHILLS, FL 33542 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILMAN, ALI 37925 DATE PALM DR ZEPHYRHILLS, FL 33542	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, JAN 4721 CORAL ST ZEPHYRHILLS, FL 33542 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRODI, JANE 4603 CORAL ST. ZEPHYRHILLS, FL 33542	<input checked="" type="checkbox"/> Delete DELETED	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARR, JANE 4509 AUTUMN PALM DRIVE ZEPHYRHILLS, FL 33542 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGBY, ART 4541 AUTUMN PALM DR ZEPHYRHILLS, FL 33542	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
SIGNATURE: <i>Jim Roby</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>01/08/08</b> <small>Daytime Phone #</small>		