
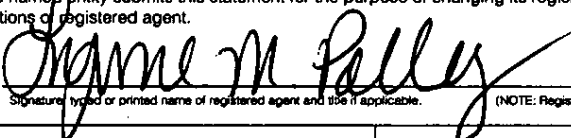
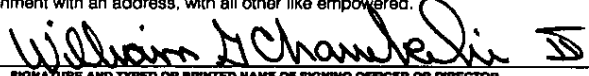


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2005 8:00 am
Secretary of State

09-12-2005 90005 032 ****61.25

DOCUMENT # 739899 1. Entity Name PALM TERRACE ASSOCIATION OF ORLANDO, FLORIDA, INC.					
Principal Place of Business 2509 READING DR. ORLANDO, FL 32804 US			Mailing Address 2509 READING DR. ORLANDO, FL 32804 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2953408				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAMBERLIN, WILLIAM G II 2509 READING DR. ORLANDO, FL 32804			7. Name and Address of New Registered Agent Name Polley, Lynne Street Address (P.O. Box Number is Not Acceptable) 2420 Reading Dr. City Orlando FL Zip Code 32804		
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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 7, 2005		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V	<input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POLLEY, LYNNE		NAME		
STREET ADDRESS	2420 READING DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32804		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CHAMBERLIN, ANNE		NAME	Hightower, Georgia	
STREET ADDRESS	2509 READING DRIVE		STREET ADDRESS	1154 Western Way	
CITY-ST-ZIP	ORLANDO, FL 32804		CITY-ST-ZIP	Orlando, FL 32804	
TITLE	S	<input type="checkbox"/> Delete	TITLE		
NAME	SCHENKEL, MARK		NAME		
STREET ADDRESS	1025 EASTERN WAY		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32804		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		
NAME	CHAMBERLIN, WILLIAM G		NAME		
STREET ADDRESS	2509 READING DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32804		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	PETERSON, BILL		NAME		
STREET ADDRESS	1000 BRYN MAWR STREET		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32804		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	MONTES DE OCA, DEBORAH		NAME		
STREET ADDRESS	1015 EASTERN WAY		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32804		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.					
SIGNATURE: 			Date Sept 7, 05 Daytime Phone # 407-648-0667		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR William G. Chamberlin II					