


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 743022</b> 1. Entity Name PALM GARDENS HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 545 NO PARK AVE % MARTIN M PRAGUE WINTER PARK, FL 32789 US	Mailing Address 545 NO PARK AVE % MARTIN M PRAGUE WINTER PARK, FL 32789 US
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**DO NOT WRITE IN THIS SPACE**

01072007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2872985	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PRAGUE, MARTIN  
545 NO PARK AVE  
WINTER PARK, FL 32789

**DO NOT WRITE IN THIS SPACE**

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, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, WAYNE 455 BELDIT AVE. WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRAGUE, MARTY 321 BELOIT AVE. WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COUSINEAU, HELEN 365 BELOIT AVE. WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITTMAN, ROBERT 335 BELOIT AVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAY, DEWEASE 401 BELOIT AVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BRIEN, BILL 301 BELOIT AVENUE WINTER PARK, FL

**DO NOT WRITE IN THIS SPACE**

U00000647294  
03/06/07-80067-001 61.25

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: *Martin M Prague* *2/26/07* *407-644-1322*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #