

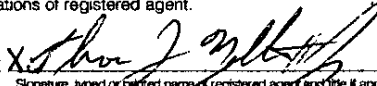



# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 750974</b> 1. Entity Name <b>PALM LAKE COMMUNITY ASSOCIATION, INC.</b>						<b>FILED</b> <b>05 DEC 29 PM 4:33</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 10314 PALM LAKE BLVD. PORT RICHEY, FL 34668 US				Mailing Address P.O. BOX 124 PORT RICHEY, FL 34673-0124 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		12132005 Chg-NP CR2E037 (10/03)			
City & State		City & State		4. FEI Number <b>59-2050541</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>BRASWELL, WILLIAM B</b> <b>10414 PALM LAKE BLVD</b> <b>PORT RICHEY, FL 34668</b>				7. Name and Address of New Registered Agent Name <b>Thomas J. Mullett, Jr</b> Street Address (P.O. Box Number is Not Acceptable) <b>10331 BASKET OAK DR.</b> City <b>Port Richey</b> <b>FL</b> Zip Code <b>34668</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.							
SIGNATURE 				DATE <b>12-13-05</b>			
Amended AR is \$61.25				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 NAME STREET ADDRESS CITY-ST-ZIP	PD BRASWELL, WILLIAM B 10414 PALM LAKE BLVD. PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Thomas J. Mullett, Jr 10331 BASKET OAK DR. Port Richey, FL 34668	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRAY, CAROLINE 10336 BASKET OAK DR PORT RICHEY, FL 34668	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900062468149 12/29/05--01016--001 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REICH, SHIRLEY A 10401 LEANING OAK DR. PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAROL L. MAURY 10340 PALM LAKE BLVD Port Richey, FL 34668	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MC GEEHAN, CORNELIUS 10302 PALM LAKE BLVD PORT RICHEY, FL 34668	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HALIM, MARYANN 10311 BASKET OAK DR. PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Louise Mullett 10331 BASKET OAK DR Port Richey, FL 34668	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 <b>12/13/05</b> DAYTIME PHONE # <b>727/862/3248</b>			