

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 750974**

1. Entity Name  
**PALM LAKE COMMUNITY ASSOCIATION, INC.**



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**



01232006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2050541**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**MULLETT, THOMAS J JR.  
10331 BASKET OAK DR.  
PORT RICHEY, FL 34668**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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  
**PD  
MULLETT, THOMAS J JR.  
10331 BASKET OAK DR.  
PORT RICHEY, FL 34668**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
GRAY, CAROLINE  
10336 BASKET OAK DR  
PORT RICHEY, FL 34668**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
MAURY, CAROL L  
10340 PALM LAKE BLVD.  
PORT RICHEY, FL 34668**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
MC GEEHAN, CORNELIUS  
10302 PALM LAKE BLVD  
PORT RICHEY, FL 34668**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MULLETT, LOUISE  
10331 BASKET OAK DR.  
PORT RICHEY, FL 34668**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000399521  
02/01/06-80014-025 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** *Carol Maury, PLCA, Treasurer, Director 1-23-06*