


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90028 020 \*\*\*\*61.25

<b>DOCUMENT # 750974</b> 1. Entity Name <b>PALM LAKE COMMUNITY ASSOCIATION, INC.</b>					
Principal Place of Business <b>10314 PALM LAKE BLVD. PORT RICHEY, FL 34668 US</b>			Mailing Address <b>P.O. BOX 124 PORT RICHEY, FL 34673-0124 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2050541</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MULLETT, THOMAS J JR. 10331 BASKET OAK DR. PORT RICHEY, FL 34668</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MULLETT, THOMAS J JR.</b>		NAME		
STREET ADDRESS	<b>10331 BASKET OAK DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PORT RICHEY, FL 34668</b>		CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GRAY, CAROLINE</b>		NAME		
STREET ADDRESS	<b>10336 BASKET OAK DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PORT RICHEY, FL 34668</b>		CITY-ST-ZIP		
TITLE	TD <input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MAURY, CAROL L</b>		NAME	<b>Christina Smith</b>	
STREET ADDRESS	<b>10340 PALM LAKE BLVD.</b>		STREET ADDRESS	<b>8214 Autumn Oak Drive</b>	
CITY-ST-ZIP	<b>PORT RICHEY, FL 34668</b>		CITY-ST-ZIP	<b>Port Richey, FL 34668</b>	
TITLE	VD <input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MC GEEHAN, CORNELIUS</b>		NAME	<b>Nilda Otero</b>	
STREET ADDRESS	<b>10302 PALM LAKE BLVD</b>		STREET ADDRESS	<b>10310 Leaning Oak Drive</b>	
CITY-ST-ZIP	<b>PORT RICHEY, FL 34668</b>		CITY-ST-ZIP	<b>Port Richey, FL 34668</b>	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MULLETT, LOUISE</b>		NAME		
STREET ADDRESS	<b>10331 BASKET OAK DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PORT RICHEY, FL 34668</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:** *Louise Mullett PLCA Treasurer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/8/07*  
Date

Daytime Phone #