# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 26, 2005 8:00 am**
**Secretary of State**
07-26-2005 90026 022 ****70.00

DOCUMENT # 753945

1. Entity Name
PALM ISLAND ESTATES ASSOCIATION, INC.

50057679

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 5244<br>GROVE CITY, FL 34224 | P.O. BOX 5244<br>GROVE CITY, FL 34224 |

06292005 Chg-NP CR2E037 (10/03)

| 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 59-2384306 ☐ Applied For ☐ Not Applicable

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

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

GUNTHER, VALERIE
120 GULF BLVD
PALM ISLAND, FL 33946

**7. Name and Address of New Registered Agent**

Name KAREN D. GORDON
Street Address (P.O. Box Number is Not Acceptable)
9 Pointe WAY
City PALM ISLAND FL Zip Code 33946

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 Karen D. Gordon Karen D. Gordon DATE 7/16/05
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 September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 | V<br>KETT, DAN<br>156 BCH TO BAY<br>PALM ISLAND, FL 33946 | ☑ Delete | V<br>Meryl Schaeffer<br>210 Kettle Harbor Dr.<br>Palm Island, FL 33946 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>PETERSON, CAROL<br>5 POINTE WAY<br>PALM ISLAND, FL 33946 | ☐ Delete | S<br>Cassie Ator<br>140 Gulf Blvd<br>Palm Island, FL 33946 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>GUNTHER, VALERIE<br>120 GULF BLVD<br>PALM ISLAND, FL 33946 | ☑ Delete | P<br>CAROL Peterson<br>5 Pointe Way<br>Palm Island, FL 33946 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>FAHLMARK, MIKE<br>221 KETTLE HARBOR DR<br>PALM ISLAND, FL 33946 | ☑ Delete | T<br>KAREN D. Gordon<br>9 Pointe Way<br>Palm Island, FL 33946 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ 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:** Karen D. Gordon KAREN D. GORDON 7/16/05 941 697 5818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #