


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 753945 1. Entity Name PALM ISLAND ESTATES ASSOCIATION, INC.	
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Principal Place of Business P.O. BOX 5244 GROVE CITY, FL 34224	Mailing Address P.O. BOX 5244 GROVE CITY, FL 34224
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DO NOT WRITE IN THIS SPACE



03162006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2384306	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GORDON, KAREN D
9 POINTE WAY
PALM ISLAND, FL 33946**

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 _____ (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	V SCHNEFFER, MERYL 210 KETTLE HARBOR DRIVE PALM ISLAND, FL 33946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETERSON, CAROL 5 POINTE WAY PALM ISLAND, FL 33946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ATOR, CASSIE 140 GULF BOULEVARD PALM ISLAND, FL 33946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GORDON, KAREN D 9 POINTE WAY PALM ISLAND, FL 33946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/02/06-80123-001 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption's 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: Karen D. Gordon **KAREN D. Gordon** 4/12/06 941 697 5848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #