

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # 753945

1. Entity Name
PALM ISLAND ESTATES ASSOCIATION, INC.



Principal Place of Business
**P.O. BOX 5244
GROVE CITY, FL 34224**

Mailing Address
**P.O. BOX 5244
GROVE CITY, FL 34224**



03042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000871805
04/10/08-80011-018 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PETERSON, CAROL
STREET ADDRESS	5 POINTE WAY
CITY-ST-ZIP	PALM ISLAND, FL 33946
TITLE	T
NAME	GORDON, KAREN D
STREET ADDRESS	9 POINTE WAY
CITY-ST-ZIP	PALM ISLAND, FL 33946
TITLE	V
NAME	MILROY, DON
STREET ADDRESS	420 S GULF BLVD
CITY-ST-ZIP	PALM ISLAND, FL 33946
TITLE	S
NAME	PEACOCK, KIM
STREET ADDRESS	420 S GULF BLVD
CITY-ST-ZIP	PALM ISLAND, FL 33946
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

Karen D. Gordon **KAREN D. GORDON** 3/25/08 697-5848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #