


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90078 006 ****61.25

DOCUMENT # 754187	
1. Entity Name COURT OF PALMS HOMEOWNER'S ASSOCIATION, INC.	

Principal Place of Business 2780-2790 OCEAN SHORE BLVD. ORMOND BEACH, FL 32176	Mailing Address 2780 OCEAN SHORE BLVD 11 ORMOND BEACH, FL 32176
--	---



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02232005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2032390	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

**TODD REALTY & MANAGEMENT INC.
1401 N. ATLANTIC AVENUE
DAYTONA BEACH, FL 32118**

7. Name and Address of New Registered Agent

Name: **SAME**

Street Address (P.O. Box Number is Not Acceptable):
182 S. YONGE ST.

City: **ORMOND BEACH** FL Zip Code: **32174**

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 _____ DATE _____
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 May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	---	--	--

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HARDY, TODD	
STREET ADDRESS	44 SILK OAKS DRIVE	
CITY-ST-ZIP	ORMOND BEACH, FL 32176	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILBUR, BARBARA	
STREET ADDRESS	2780 OCEAN SHORE #5	
CITY-ST-ZIP	ORMOND BEACH, FL 32176	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CASHING, NANCY	
STREET ADDRESS	110 SANDPIPER RIDGE DR.	
CITY-ST-ZIP	ORMOND BEACH, FL 32176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVE-HOLCOMB	
STREET ADDRESS	1500 MALTBY RD.	
CITY-ST-ZIP	MARBLE, NC 28905	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWIN HARTLEY	
STREET ADDRESS	1391 RYAR RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Barbara Wilber **BARBARA WILBER** Date: 3/9/05 (386) 441-2410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR