

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90052 040 \*\*\*\*61.25

<b>DOCUMENT # 754991</b> 1. Entity Name <b>PALMETTO PALMS RV RESORT CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>19681 SUMMERLIN RD. FT MYERS, FL 33908</b>			Mailing Address <b>19681 SUMMERLIN RD FT MYERS, FL 33908</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2122918</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ASBRIDGE, ROBERT 19681 SUMMERLIN RD # 52 FORT MYERS, FL 33908</b>			7. Name and Address of New Registered Agent Name <b>Thayer, John</b> Street Address (P.O. Box Number is Not Acceptable) <b>19681 Summerlin Rd. #571</b> City <b>Fort Myers, FL</b> <b>FL</b> Zip Code <b>33908</b>		
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		<b>John Thayer, Pres.</b>		<b>03/30/07</b>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	PD ASBRIDGE, ROBERT 19681 SUMMERLIN RD. #52 FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Thayer, John 19681 Summerlin Rd. #571 Ft. Myers, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FRANK, RAYMOND 19681 SUMMERLIN RD #443 FT MYERS, FL 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Davis, Stacy 19681 Summerlin Rd. #81 Ft. Myers, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, ALVIN 19681 SUMMERLIN RD #3 FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Muller, Joseph M. 19681 Summerlin RD. #348 Ft. Myers, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Brown, Pat 19681 Summerlin Rd. #3 Ft. Myers, FL 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Kaiser, John 19681 Summerlin Rd. #30 Ft. Myers, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Slone, Lonnie R. 19681 Summerlin, Rd. #184 Ft. Myers, FL 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Slone, Lonnie R. 19681 Summerlin, Rd. #184 Ft. Myers, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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:		<b>John Thayer, Pres.</b>		<b>03/30/07</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	