


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90239 009 ****61.25

DOCUMENT # 755893 1. Entity Name PALM RIVER HOMEOWNERS AND CIVIC ASSOCIATION, INC.					
Principal Place of Business PO BOX 110002 NAPLES, FL 34108-0101 US				Mailing Address PO BOX 110002 NAPLES, FL 34108-0002 US	
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 59-2167714				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 BELT, JOHN F 130 FAIRWAY CIRCLE NAPLES, FL 34110			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	Sammons, Misty <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HEALY, CHARLES		NAME		
STREET ADDRESS	663 CYPRESS WAY EAST		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 341101116		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	Director/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BARNHILL, KEVIN		NAME	Turturiello, Bianca	
STREET ADDRESS	593 CYPRESS WAY EAST		STREET ADDRESS	243 Cypress Way W.	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	Naples, FL 34110	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	Director/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORRILL, JEAN A		NAME		
STREET ADDRESS	675 CYPRESS WAY EAST		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	Director/President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELT, JOHN F		NAME		
STREET ADDRESS	130 FAIRWAY CIR		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Director/Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Sammons, Misty	
STREET ADDRESS			STREET ADDRESS	469 Golfview Drive	
CITY-ST-ZIP			CITY-ST-ZIP	Naples, FL 34110	
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Jean A Morrell</u> Jean A MORRILL, Treasurer			Date <u>4/14/04</u> Daytime Phone # <u>239-598-9246</u>		