


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90009 007 \*\*\*\*61.25

<b>DOCUMENT # 761009</b> 1. Entity Name <b>PALM GROVE GARDENS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>PALM GROVE GARDENS 1102 SE 39TH TERR CAPE CORALS FL 33904</b>			Mailing Address <b>PALM GROVE GARDENS 1102 SE 39TH TERR CAPE CORALS FL 33904</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>GEORGE, CAROLANN 1102 SE 39TH TERR 101 CAPE CORAL FL 33904</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 re-registering)</small> <div style="float: right;">DATE _____</div>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DIEFENTHALER, WILLIAM</b>		NAME		
STREET ADDRESS	<b>1102 SE 39TH TERR #108</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>		CITY-ST-ZIP		
TITLE	DT <input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DISILVERSTRO, RAYMOND</b>		NAME	<b>DT Diane Nettles</b>	
STREET ADDRESS	<b>1102 SE 39TH TERR #106</b>		STREET ADDRESS	<b>1102 SE 39TH TERR #106</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>		CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	
TITLE	DT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GEORGE, CAROLANN</b>		NAME		
STREET ADDRESS	<b>1102 SE 39TH TERR 101</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>		CITY-ST-ZIP		
TITLE	VPD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GEORGE, FRANK</b>		NAME		
STREET ADDRESS	<b>1102 SE 39TH TERR 101</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 exemptions contained in Section 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: *Carolann George* *Carolann George* 3/3/06 239 945491-1