
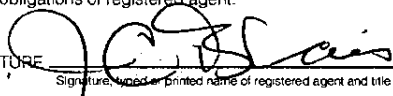
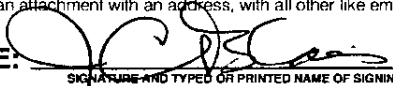


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90011 016 \*\*\*\*61.25

<b>DOCUMENT # 768258</b> 1. Entity Name <b>THE PALMS MOBILE HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>86 MARK ALLEN DR. SEBASTIAN, FL 32958 US</b>			Mailing Address <b>86 MARK ALLEN DR. SEBASTIAN, FL 32958 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip		Country	
4. FEI Number <b>59-2350690</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BLAIS, JOHN C</b> <del>203 MEANIE CIR E</del> <b>86 MARK ALLEN DR.</b> <b>SEBASTIAN, FL 32958</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.</small>			<b>BLAIS, JOHN, TREASURER</b> <i>Feb 22, 2004</i> <small>(NOTE: Registered Agent signature required when re-registering)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITS, CHUCK		NAME	LANE, LARRY	
STREET ADDRESS	150 PHYLLIS DRIVE		STREET ADDRESS	78 PHYLLIS DR.	
CITY-ST-ZIP	SEBASTIAN, FL 32958		CITY-ST-ZIP	SEBASTIAN, FL, 32958	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUHLOTT, RISTIE		NAME	CHUALOFF, RISTIE	
STREET ADDRESS	160 RICHARD ST		STREET ADDRESS	160 RICHARD ST	
CITY-ST-ZIP	SEBASTIAN, FL 32958		CITY-ST-ZIP	SEBASTIAN, FL, 32958	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANE, LARRY		NAME	SCHULTZ, RICHARD	
STREET ADDRESS	78 PHILLIPS DR		STREET ADDRESS	55 ALISA DR	
CITY-ST-ZIP	SEBASTIAN, FL 32958		CITY-ST-ZIP	SEBASTIAN, FL, 32958	
TITLE	D	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLICKINGER, KEN		NAME	SKOVE, MARY-ELLEN	
STREET ADDRESS	135 SUE AVE		STREET ADDRESS	192 MEANIE CIRCLE W.	
CITY-ST-ZIP	SEBASTIAN, FL 32958		CITY-ST-ZIP	SEBASTIAN, FL, 32958	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLAIS, JOHN C		NAME		
STREET ADDRESS	86 MARK ALLEN DR.		STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN, FL 32958		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MINER, JIM		NAME		
STREET ADDRESS	52 BABE AVE.		STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN, FL 32958		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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>Feb 22, 2004 772-581-5896</b> <small>Date Daytime Phone #</small>		

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