2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2005 8:00 am Secretary of State

DOCUMENT # 768258 1. Entity Name THE PALMS MOBILE HOMEOWNER'S ASSOCIATION, INC.					03-31-200	5 90056 018 ****6	51.25	
Principal Place 86 MARK ALI SEBASTIAN, I	EN DR.	Mailing Address 86 MARK ALLEN DR. SEBASTIAN, FL 32958	US			50032	733	
2 Principal Place of Business 86 WADE ALLEN DN, 86 WADE ALLEN DR. Suite, Apt. #, etc. Suite, Apt. #, etc.					03282005 Chg-NP CR2E037 (10/03)			
City & State	9	City & State		4. FEI Numb			oplied For	
Sebastian, FL		SebASTIAN, FL		59-235	·	\$9.75 Add	ot Applicable	
3295		32458	ű's		of Status Desired	Fee Require		
6. Name and Address of Current Registered Agent Name						Registered Agent		
BLAIS, JOHN C 203 MEANIE CIR E Street Address				AG Z/4 / S Address (P.O. Box Numb	(P.O. Box Number is Not Acceptable)			
86 MARK ALLEN DR.				- WADE	ALLEA	DR		
SEBASTIAN, I E 32830			City					
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 JOHN C. BLA / 5 Signature, typed or printed name of registered agent and like if applicable. (NOTE: Registered Agent Strature required when reinstating) DATE						2005		
	Signature, typod or primate his no or regulation again a	no the Lappicable. (NO/C.F	regssered regoni signa	ore required with resistating)		La Contraction of the Contractio		
	Filing Fee Is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co	paign Financing ntribution.	\$5.00 May I Added to Fees	FI	Make check payable to orida Department of S	tate 	
10.	Filing Fee Is \$61.25 Due by May 1, 2005 OFFICERS AND DIR	9. Election Camp Trust Fund Co	paign Financing ntribution.	\$5.00 May I Added to Fees ADDITIONS/CF	FI	DERS AND DIRECTORS IN	tate	
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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: J. C. BLAIS March 29, 2025 772:581-5896