

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-31-2005 90056 018 ****61.25

DOCUMENT # 768258

1. Entity Name
THE PALMS MOBILE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
**86 MARK ALLEN DR.
SEBASTIAN, FL 32958 US**

Mailing Address
**86 MARK ALLEN DR.
SEBASTIAN, FL 32958 US**

50032733



2. Principal Place of Business

86 WADE ALLEN DR.

3. Mailing Address

86 WADE ALLEN DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03282005

Chg-NP

CR2E037 (10/03)

City & State

SEBASTIAN, FL

City & State

SEBASTIAN, FL

4. FEI Number

59-2350690

Applied For

☐ Not Applicable

Zip

32958

Country

US

Zip

32958

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BLAIS, JOHN C
203 MEANIE CIR E
86 MARK ALLEN DR.
SEBASTIAN, FL 32958**

7. Name and Address of New Registered Agent

Name

BLAIS, John C

Street Address (P.O. Box Number is Not Acceptable)

86 WADE ALLEN DR

City

SEBASTIAN

FL

Zip Code

32958

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. BLAIS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

March 29, 2005

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANE, LARRY 78 PHYLLIS DR. SEBASTIAN, FL 32958	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHUALOFF, RISTIE 160 RICHARD ST SEBASTIAN, FL 32958	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHULTZ, RICHARD 55 ALISA DR SEBASTIAN, FL 32958	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLICKINGER, KEN 135 SUE AVE SEBASTIAN, FL 32958	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLAIS, JOHN C 86 MARK ALLEN DR. SEBASTIAN, FL 32958	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINER, JIM 52 BABE AVE. SEBASTIAN, FL 32958	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	NP ROBINSON, ALVIN 222 BILL ALLEN CIRCLE SEBASTIAN, FL, 32958	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLAIS, JOHN C 86 WADE ALLEN DR SEBASTIAN, FL, 32958	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SKOVE, MARY ELLEN 192 MEANIE CIRCLE SEBASTIAN, FL, 32958	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINER, JIM 10305 US HWY 1 SEBASTIAN, FL, 32958	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Heichel, KEN 10305 US HWY 1 SEBASTIAN, FL, 32958	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 29, 2005 772-581-5596