

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90396 009 \*\*\*\*61.25

<b>DOCUMENT # 768258</b> 1. Entity Name <b>THE PALMS MOBILE HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>86 WADE ALLEN DR SEBASTIAN, FL 32958 US</b>			Mailing Address <b>86 WADE ALLEN DR SEBASTIAN, FL 32958 US</b>		
2. Principal Place of Business <b>160 RICHARD ST</b> Suite, Apt. #, etc.			3. Mailing Address <b>160 RICHARD ST</b> Suite, Apt. #, etc.		
City & State <b>SEBASTIAN, FL</b>		City & State <b>SEBASTIAN, FL</b>		4. FEI Number <b>59-2350690</b>	
Zip <b>32958</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BLAIS, JOHN C 86 WADE ALLEN DR SEBASTIAN, FL 32958</b>				7. Name and Address of New Registered Agent Name <b>CHUHALOFF, RISTIE</b> Street Address (P.O. Box Number is Not Acceptable) <b>160 RICHARD ST.</b> City <b>SEBASTIAN</b> FL <b>32958</b>	
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 <u><i>Ristie Chuhaloff</i></u> <b>CHUHALOFF, RISTIE, PRESIDENT 03/23/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$61.25 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>		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>ROBINSON, ALVIN 222 BILL ALLEN CIRCLE SEBASTIAN, FL 32958</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>BLAIS, JOHN C 86 WADE ALLEN DR SEBASTIAN, FL 32958</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>SKOVE, MARYELLEN 192 MEANIE CIRCLE SEBASTIAN, FL 32958</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MINER, JIM 10305 US HWY 1 SEBASTIAN, FL 32958</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>HEICHEL, KEN 10305 US HWY 1 SEBASTIAN, FL 32958</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MINER, JIM 52 BABE AVE. SEBASTIAN, FL 32958</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>CHUHALOFF, RISTIE 160 RICHARD ST. SEBASTIAN, FL, 32958</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>JAMES, R 46 ALISA DR, # SEBASTIAN, FL, 32958</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MYDLARZ, M. 10305, US #1 SEBASTIAN, FL, 32958</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>RYNNE, TERRY 10305, US #1 SEBASTIAN, FL, 32958</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>HEICHEL, KEN 10305 US HWY 1 SEBASTIAN, FL 32958</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MINER, JIM 52 BABE AVE. SEBASTIAN, FL 32958</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u><i>Ristie Chuhaloff</i></u> <b>CHUHALOFF, RISTIE, PRESIDENT 03/23/06 772-589-9872</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					