



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90064 018 ****61.25

DOCUMENT # 768258					
1. Entity Name THE PALMS MOBILE HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 222 BILL ALLEN CIRCLE SEBASTIAN, FL 32958 US			Mailing Address 222 BILL ALLEN CIRCLE SEBASTIAN, FL 32958 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03012008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-2350690	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBINSON, ALVIN 222 BILL ALLEN CIRCLE SEBASTIAN, FL 32958			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VP NAME ROBINSON, ALVIN STREET ADDRESS 222 BILL ALLEN CIRCLE CITY - ST - ZIP SEBASTIAN, FL 32958	<input type="checkbox"/> Delete		TITLE <i>D Carlisle, Sue</i> NAME <i>133 ALISA DR</i> STREET ADDRESS <i>SEBASTIAN FL 32958</i> CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME BLAIS, JOHN C STREET ADDRESS 86 MARK ALLEN DR CITY - ST - ZIP SEBASTIAN, FL 32958	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME SKOVE, MARYELLEN STREET ADDRESS 192 MEANIE CIRCLE CITY - ST - ZIP SEBASTIAN, FL 32958	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME KOZMER, JACQUELINE STREET ADDRESS 43 ALISA DR CITY - ST - ZIP SEBASTIAN, FL 32958	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME GRIFFITH, W. STREET ADDRESS 10305 US HWY 1 CITY - ST - ZIP SEBASTIAN, FL 32958	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME CHUHALOFF, RISTIE STREET ADDRESS 160 RICHARD ST CITY - ST - ZIP SEBASTIAN, FL 32958	<input type="checkbox"/> Delete		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 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: <i>Jacqueline Kozmer</i>			<i>Mar 5/08 772 581 8104</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		