2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#769588

FILED Jan 06, 2009 Secretary of State

Entity Name: THE PALMS ESTATES OF HIGHLANDS COUNTY, INC.

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
117 DOMII LORIDA, F		US			
Current Mailing Address:			New Mailing Add	New Mailing Address:	
P.O. BOX	364				
LORIDA, F	FL 33857	US			
FEI Number:	: 59-2412625	FEI Number Applied For ()	FEI Number Not Applicable (Certificate of Status Desired ()	
Name and	l Address o	of Current Registered Agent:	Name and Addres	ss of New Registered Agent:	
	LLAR, RICI	HARD			
117 DOMIÎ LORIDA, F		US			
	_ 55501				
	named ent e of Florida.		purpose of changing its regist	tered office or registered agent, or both,	
SIGNATUR	RE:				
	Elec	tronic Signature of Registered A	gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title:	Р	() Delete	Title:	() Change () Addition	
Name: Address:	DAVIS, MIL 13 KALETE		Name: Address:		
City-St-Zip:		STER, MD 21158	City-St-Zip:		
Title:	VD	() Delete	Title:	() Change () Addition	
Name:	EBERLY, V		Name:		
Address:	125 KETTE		Address:		
City-St-Zip:	PALMYRA,	PA 17078	City-St-Zip:		
Title:	D	() Delete	Title:	() Change () Addition	
Name: Address:	EATON, GE W11475 H\		Name: Address:		
City-St-Zip:	LODI, WI 5		City-St-Zip:		
Title:	SD	() Delete	Title:	() Change () Addition	
niie. Name:	MUMMA, EI	* /	Name:	() Change () Addition	
Address:	,	IION ST;POB 766	Address:		
City-St-Zip:	LORIDA, FI	_ 33857	City-St-Zip:		
Title:	TD	() Delete	Title:	() Change () Addition	
Name:	UPSHAW, F		Name:		
Address:		N HILLS TRAIL	Address:		
City-St-Zip:	EUUYVILLE	E, KY 42038	City-St-Zip:		
Title:	D	() Delete	Title:	() Change () Addition	
Name:	FORNEY, F		Name:		
Address: City-St-Zin		RCHER AVE LOT 6 MN PA 17067	Address: City-St-Zin:		
City-St-Zip:	MITERSION	WN, PA 17067	City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILLER DAVIS PRES 01/06/2009