

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90328 036 ****61.25

DOCUMENT # N01000000786 1. Entity Name PALM ISLAND BAY VILLA'S CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7092 PLACIDA RD CAPE HAZE, FL 33946			Mailing Address 7092 PLACIDA RD CAPE HAZE, FL 33946		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 03-0384629	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAYLOR, KEN CRAIG REMOUR 7072 PLACIDA RD. PLACIDA, FL 33946				7. Name and Address of New Registered Agent Name CRAIG REMOUR Street Address (P.O. Box Number is Not Acceptable) 7092 PLACIDA RD. City CAPE HAZE, FL Zip Code 33946	
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 reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <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 NAME STREET ADDRESS CITY-ST-ZIP	P DAVIES, JIM 64 CHESTNUT ST. MURRAY HILL, NJ 06974	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MASTERS, DAVID 7092 PLACIDA RD. PLACIDA, FL 33946	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP FTIZSIMMONS, TIM 7092 PLACIDA RD. CAPE HAZE, FL 33946	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAURER, HARLAN 7092 PLACIDA RD. CAPE HAZE, FL 33946	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASWELL, ORVILLE 87 GRANITE ST. ROCKPORT, MA 01966	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLAUDIA MAURER 7092 PLACIDA RD. CAPE HAZE, FL. 33946	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASWELL, ORVILLE 87 GRANITE ST. ROCKPORT, MA 01966	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLAUDIA MAURER 7092 PLACIDA RD. CAPE HAZE, FL. 33946	<input checked="" 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 reports 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: _____ ASSOCIATED MGR. 4-19-06 (94) 697-1920 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					