

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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DOCUMENT # N01000001591 1. Entity Name PALMIRA GOLF AND COUNTRY CLUB MASTER HOMEOWNERS ASSOCIATION, INC.						FILED 08 JUL 17 PM 2: 25 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3185 HORSESHOE DRIVE SOUTH NAPLES, FL 34104				Mailing Address 3185 HORSESHOE DRIVE SOUTH NAPLES, FL 34104			
2. Principal Place of Business - No P.O. Box # 1517 Fwy Gate Lane		3. Mailing Address <i>Clb KEB Mgmt</i> 6017 Pine Ridge Road					
Suite, Apt. #, etc. 		Suite, Apt. #, etc. # 262					
City & State NAPLES, FL		City & State NAPLES, FL					
Zip 34105		Country Collier		Zip 34105		Country Collier	
4. FEI Number 65-1132810				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent REINDERS, JAMES M 3185 HORSESHOE DRIVE SOUTH NAPLES, FL 34104				7. Name and Address of New Registered Agent Name Kenneth E. Bloom Street Address (P.O. Box Number is Not Acceptable) 1517 Fwy Gate Lane City NAPLES FL Zip Code 34105			
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 <i>KEB</i> Kenneth E. Bloom <i>Manager</i> 7-14-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25				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	PD REINDERS, JAMES M 3185 HORSESHOE DRIVE SOUTH NAPLES, FL 34104	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D Peter Corio 28950 Kitanicola Ct Bonita Springs, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLOMON, ANTHONY P 3185 HORSESHOE DRIVE SOUTH NAPLES, FL 34104	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D Bob Wyant 28391 Via Odenti Drive Bonita Springs, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STDV BLOOM, KEN 3185 HORSESHOE DRIVE SOUTH NAPLES, FL 34104	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T, D Frank Percuoco 14043 Tivoli Ter Bonita Springs, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, D Jerry Baum 14180 Giustino Way Bonita Springs, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mike Perrone 14038 Levante Court Bonita Springs, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bob Fagliarone 28516 Chianti Ter. Bonita Springs, FL 34135	<input type="checkbox"/> Change <input checked="" 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>Peter Corio</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4-14-08 <small>Date</small>		239-262-1396 <small>Daytime Phone #</small>	

207/22

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HOMEOWNERS ASSOCIATION, INC.



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3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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Zip

Country

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07092008

Chg-NP

CR2E037 (12/06)

4. FEI Number
65-1132810

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
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7. Name and Address of New Registered Agent

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

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-08

Date

239-262-1396

Daytime Phone #

JC 7/22