


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90015 045 ****61.25

DOCUMENT # N01727	
1. Entity Name PALM COVE VILLAS CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 1527 42ND AVE DR E ELLENTON, FL 34222-2672 US	Mailing Address 4301 32ND STREET WEST A-20 BRADENTON, FL 34205 US
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50001209



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01062006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2487565	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C&S CONDO MGMT SERV. INC. 4301 32ND STREET STE A-20 BRADENTON, FL 34205		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CURRAN, SUSAN		NAME	Sheryl Randall	
STREET ADDRESS	1521 42ND AVE DR E		STREET ADDRESS	4131 16th St. E.	
CITY-ST-ZIP	ELLENTON, FL 34222		CITY-ST-ZIP	Ellenton, FL 34222	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	Sec/Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KINDER, TERRI		NAME	Roni Price	
STREET ADDRESS	9036 PINEBREEZE DR		STREET ADDRESS	1538 41st Ave. Dr. E.	
CITY-ST-ZIP	RIVERVIEW, FL 33569		CITY-ST-ZIP	Ellenton, FL 34222	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANDALL, SHERYL		NAME	Jackie Howard	
STREET ADDRESS	4181 16TH STREET EAST		STREET ADDRESS	1539 41st Ave Dr E.	
CITY-ST-ZIP	ELLENTON, FL 34222		CITY-ST-ZIP	Ellenton, FL 34222	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATTIN, LINDA		NAME		
STREET ADDRESS	1547 41ST AVE DR E		STREET ADDRESS		
CITY-ST-ZIP	ELLENTON, FL 34222		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMINGS, MICHELLE		NAME		
STREET ADDRESS	1515 41ST AVE DR E		STREET ADDRESS		
CITY-ST-ZIP	ELLENTON, FL 34222		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____