



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90047 028 \*\*\*\*61.25

<b>DOCUMENT # N02000000059</b> 1. Entity Name <b>PALMS WEST HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>PALMS WEST HOMEOWNERS 3240 PAINTED BUNTING CT. MELBOURNE, FL 32935</b>			Mailing Address <b>PALMS WEST HOMEOWNERS 3240 PAINTED BUNTING CT. MELBOURNE, FL 32935</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>3241 Painted Bunting Ct</b>  Suite, Apt. #, etc.			
City & State City: <b>Melbourne</b> State: <b>FL</b>		4. FEI Number <b>46-0480418</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32934</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		03112005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent  <b>MOSS, JOEL S 47 W. NEW HAVEN AVE. MELBOURNE, FL 32901</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u>Joni Dwy</u> <b>Joni Dwy - Treasurer</b> DATE _____ <small>(NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DAVID, OTIS D III 3240 PAINTED BUNTING CT MELBOURNE, FL 32935</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD DUY, JONI 3241 PAINTED BUNTING CT MELBOURNE, FL 32934</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MESAROS, JOHNNIE 3231 PAINTED BUNTING CT MELBOURNE, FL 32934</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <u>Joni Dwy</u> <b>- Treasurer</b> <b>3/11/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					