

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000059

FILED  
Jul 21, 2006  
Secretary of State

**Entity Name:** PALMS WEST HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

PALMS WEST HOMEOWNERS  
3240 PAINTED BUNTING CT.  
MELBOURNE, FL 32935

**New Principal Place of Business:**

**Current Mailing Address:**

3241 PAINTED BUNTING CT  
MELBOURNE, FL 32934

**New Mailing Address:**

**FEI Number:** 46-0480418      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MOSS, JOEL S  
47 W. NEW HAVEN AVE.  
MELBOURNE, FL 32901      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: DAVID, OTIS D III  
Address: 3240 PAINTED BUNTING CT  
City-St-Zip: MELBOURNE, FL 32935

Title: TD      ( ) Delete  
Name: DUY, JONI  
Address: 3241 PAINTED BUNTING CT  
City-St-Zip: MELBOURNE, FL 32934

Title: SD      ( ) Delete  
Name: MESAROS, JOHNNIE  
Address: 3231 PAINTED BUNTING CT  
City-St-Zip: MELBOURNE, FL 32934

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: DAVIS, OTIS D III  
Address: 3240 PAINTED BUNTING CT  
City-St-Zip: MELBOURNE, FL 32935

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JONI DUY

TD

07/21/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date