


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90103 019 \*\*\*\*61.25

<b>DOCUMENT # N02734</b> 1. Entity Name <b>PALM HILL NORTH RECREATION CLUB, INC.</b>					
Principal Place of Business <b>401 8TH AVE SW LARGO, FL 33770 US</b>				Mailing Address <b>48 SABAL PALM LARGO, FL 33770-7406 US</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2532277</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MIRKA, VIRGINIA J 48 SABAL PALM LARGO, FL 33770-7406</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 re-electing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD REYNOLDS, SHIRLEY 38 PALM FORREST DR LARGO, FL 33770</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD Jensen, Ellen 21 Pindo Palm W. Largo, FL 33770</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HOOPER, MILTON 45 PINDO PALM E LARGO, FL 33770</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD MIRKA, VIRGINIA 48 SABAL PALM LARGO, FL 33770</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD STILLWELL, PHILIP 140 PINDO PALM W LARGO, FL 33770</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD Toney, Arnold 96 Thatch Palm E Largo, FL 33770</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD HAYES, BEVERLY 27 THATCH PALM E LARGO, FL 33770</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VISCO, JOE 61 THATCH PALM E LARGO, FL 33770</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 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: Virginia J. Mirka</b> <i>Virginia J. Mirka</i> <b>4/7/06</b> <b>727-586-5870</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

61.25  
Ch #2862  
4/11/06