

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001037

FILED
Feb 25, 2005
Secretary of State

Entity Name: PALM COVE TOWNHOMES H.O.A., INC.

Current Principal Place of Business:

19803 GULF BLVD
INDIAN SHORES, FL 33785 US

New Principal Place of Business:

Current Mailing Address:

19803 GULF BLVD
INDIAN SHORES, FL 33785 US

New Mailing Address:

FEI Number: 26-0062817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, ANITA
19803 GULF BLVD
UNIT# 302
INDIAN SHORES, FL 33785 US

Name and Address of New Registered Agent:

CERCEK, LISA
19803 GULF BLVD
INDIAN SHORES, FL 33785 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: LISA CERCEK

02/25/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAVIS, ANITA
Address: 19803 GULF BLVD #302
City-St-Zip: INDIAN SHORES, FL 33785 US

Title: VD () Delete
Name: GOODMAN, DAVID
Address: 19803 GULF BLVD #301
City-St-Zip: INDIAN SHORES, FL 33785 US

Title: STD () Delete
Name: STEPHENSON, JAMES
Address: 19803 GULF BLVD #502
City-St-Zip: INDIAN SHORES, FL 33785 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PIERCE, DIANE
Address: 19803 GULF BLVD #202
City-St-Zip: INDIAN SHORES, FL 33785 US

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 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 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: DIANE PIERCE

PD

02/25/2005

Electronic Signature of Signing Officer or Director

Date