2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 05, 2004 8:00 am Secretary of State

DOCUMENT # N0300001187 1. Entity Name PALM LAKES OWNERS ASSOCIATION, INC.				0.	3-05-2004 900:	23 005 ****7(0.00
Principal Place of Business 9471 BAYMEADOWS RD., SUITE 403 9471 BAYMEADOWS RD., SUITE 403 JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256						-	
2. Principal Place of Business 3. M.		Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02122004 Ch	ng-NP CF	R2E037 (10/03)	
City & State		City & State		4. FEI Number		-	plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current Regis	tered Agent		7. Name and Add	ress of New Regist	ered Agent	
ATKERSON, CHARLES F JR.			Name			•	
9471 BAYI	MEADOWS RD., SUITE 403 VILLE, FL 32256		Street Address (Not Acceptable)		
0.10110011	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
			City			FL Zip Code	е
	named entity submits this statement for the pions of registered agent.	ourpose of changing its re	gistered office or reg	gistered agent, or both, in	the State of Florida.	I am familiar with,	and accept
	on og alord again.						
, <u>.</u>							
SIGNATURE.	Of the state of th	Washing /NOTE: B	Productored Appeal planeture so	aguired when reinstating)		DATE	
SIGNATURE.	Signature, typed or printed name of registered agent and title		Registered Agent signature re	equired when reinstating)	<u> </u>	DATE	
SIGNATURE	Signature, typed or printed name of registered agent and title Filling Fee is \$61.25 Due by May 1, 2004	9, Election Camp Trust Fund Col	aign Financing	\$5.00 May Be	Make (check payable to Department of Si	
SIGNATURE	Filing Fee Is \$61.25	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be	Make (Florida D	check payable to Department of St	late
	Filing Fee Is \$61.25 Due by May 1, 2004 OFFICERS AND DIRECTO VD ATKERSON, CHARLES 9471 BAYMEADOWS RD., SUITE 403	9. Election Camp Trust Fund Con	eaign Financing ntribution.	\$5.00 May Be Added to Fees	Make (Florida D	check payable to Department of St	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee Is \$61.25 Due by May 1, 2004 OFFICERS AND DIRECTO VD ATKERSON, CHARLES 9471 BAYMEADOWS RD., SUITE 403 JACKSONVILLE, FL 32256 STD SILVERFIELD, GARY D 4141 SOUTHPOINT DR. E., SUITE B	9. Election Camp Trust Fund Con	ntribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make (Florida D	check payable to Department of SI	10
TIO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee Is \$61.25 Due by May 1, 2004 OFFICERS AND DIRECTO VD ATKERSON, CHARLES 9471 BAYMEADOWS RD., SUITE 403 JACKSONVILLE, FL 32256 STD SILVERFIELD, GARY D 4141 SOUTHPOINT DR. E., SUITE B JACKSONVILLE, FL 32216 PD BREEDING, BETH W 4141 SOUTHPOINT DR E., SUITE B	9. Election Camp Trust Fund Col	eaign Financing Intribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	\$5.00 May Be Added to Fees	Make (Florida D	check payable to Department of SI NO DIRECTORS IN	tate 10 Addition
TIO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS - CITY-ST-ZIP -	Filing Fee Is \$61.25 Due by May 1, 2004 OFFICERS AND DIRECTO VD ATKERSON, CHARLES 9471 BAYMEADOWS RD., SUITE 403 JACKSONVILLE, FL 32256 STD SILVERFIELD, GARY D 4141 SOUTHPOINT DR. E., SUITE B JACKSONVILLE, FL 32216	9. Election Camp Trust Fund Col DRS Delete Delete	align Financing ntribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make (Florida D	check payable to Department of Si	Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee Is \$61.25 Due by May 1, 2004 OFFICERS AND DIRECTO VD ATKERSON, CHARLES 9471 BAYMEADOWS RD., SUITE 403 JACKSONVILLE, FL 32256 STD SILVERFIELD, GARY D 4141 SOUTHPOINT DR. E., SUITE B JACKSONVILLE, FL 32216 PD BREEDING, BETH W 4141 SOUTHPOINT DR E., SUITE B	9. Election Camp Trust Fund Col DRS Delete Delete	Adign Financing Intribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make (Florida D	Check payable to Department of Si ND DIRECTORS IN Change	Addition Addition

12. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

Duckerson VD3/4/04

904-739-2202

Daytime Ph