

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 24, 2006
Secretary of State

DOCUMENT# N03000005274

Entity Name: PALM CITY FARMS TRAIL ASSOCIATION INCORPORATED**Current Principal Place of Business:**6308 SW 33RD ST.
PALM CITY, FL 34990**New Principal Place of Business:****Current Mailing Address:**6308 SW 33RD ST.
PALM CITY, FL 34990**New Mailing Address:****FEI Number:** 30-0195639**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SHEWMAKER, RON
6308 SW 33RD ST.
PALM CITY, FL 34990 US**Name and Address of New Registered Agent:**

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: SHEWMAKER, RON
Address: 6308 SW 33RD ST.
City-St-Zip: PALM CITY, FL 34990**Title:** D () Delete
Name: NEW, DENNIE
Address: 7194 SW BUSCH ST.
City-St-Zip: PALM CITY, FL 34990**Title:** D () Delete
Name: WOEBER, JOYCE
Address: P.O. BOX 256
City-St-Zip: PALM CITY, FL 34991**Title:** VD () Delete
Name: AVERY, CHERYL
Address: 5506 SW HONEY TERR.
City-St-Zip: PALM CITY, FL 34990**Title:** SD () Delete
Name: STREIBER, JUDY
Address: 5581 SW MARKEL ST
City-St-Zip: PALM CITY, FL 34990**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** DT (X) Change () Addition
Name: WOEBER, JOYCE
Address: P.O. BOX 256
City-St-Zip: PALM CITY, FL 34991**Title:** VD (X) Change () Addition
Name: NEW, CANDY
Address: 7194 SW BUSCH ST.
City-St-Zip: PALM CITY, FL 34990**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: RON SHEWMAKER

PD

04/24/2006

Electronic Signature of Signing Officer or Director

Date