

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90018 027 \*\*\*\*61.25

<b>DOCUMENT # N03000006041</b> 1. Entity Name <b>PALM ISLES CONDOMINIUM NO. 1 ASSOCIATION, INC.</b>			
Principal Place of Business <b>C/O STOCK COMMUNITY SRVS. 4980 TAMiami TRl N. STE 101 NAPLES, FL 34103</b>		Mailing Address <b>4501 TAMiami TRAIL N., #300 NAPLES, FL 34103</b>	
2. Principal Place of Business - No P.O. Box # <b>1532 Rio De Janeiro Ave</b>		3. Mailing Address <b>PO Box 380758</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Punta Gorda, FL</b>		City & State <b>Murdock, FL</b>	
Zip <b>33983</b>		Zip <b>33938</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>33-1122944</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>STOCK COMMUNITY SERVICES LLC 4501 TAMiami TR. N., #300 NAPLES, FL 34103</b>		7. Name and Address of New Registered Agent Name <b>The Gateway Group</b> Street Address (P.O. Box Number is Not Acceptable) <b>1532 Rio De Janeiro Ave</b> City <b>Punta Gorda</b> <b>FL</b> Zip Code <b>33983</b>	
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.</small>		DATE <b>4/25/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HOULDSWORTH, SANDY</b> <b>4501 TAMiami TRAIL N., #300</b> <b>NAPLES, FL 34103</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Larson, Glenn</b> <b>93 Vivante Blvd, #9343</b> <b>Punta Gorda, FL 33950</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>SCHECHINGER, VALERIE</b> <b>4501 TAMiami TRAIL N., #300</b> <b>NAPLES, FL 34103</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>Diversa, Michael</b> <b>93 Vivante Blvd, #9341</b> <b>Punta Gorda, FL 33950</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>SPIVEY, BLAINE</b> <b>4501 TAMiami TRAIL N., #300</b> <b>NAPLES, FL 34103</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>Feriolo, Ronald</b> <b>93 Vivante Blvd, #9344</b> <b>Punta Gorda, FL 33950</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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.			
SIGNATURE:		Date <b>4/25/07</b> Daytime Phone # <b>941-629-8190</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	