

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90033 005 \*\*\*\*61.25

**DOCUMENT # N03435**

1. Entity Name  
**PALM CLUB HOMEOWNER ASSOCIATION, INC.**



Principal Place of Business  
**C/O BANYAN PROPERTY MANGEMENT, INC  
2328 SOUTH CONGRESS AVE SUITE1-C  
WEST PALM BEACH, FL 33406 US**

Mailing Address  
**C/O BANYAN PROPERTY MANAGEMENT, INC  
2328 SOUTH CONGRESS AVE SUTIE1-C  
WEST PALM BEACH, FL 33406 US**

**50000522**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

**59-2534812**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HILLEY, V. DONALD PA  
860 US HIGHWAY ONE  
STE 108  
NORTH PALM BEACH, FL 33408**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME ZAHN, ELISE J  
STREET ADDRESS 1217 PINE SAGE CIRCLE  
CITY- ST- ZIP WEST PALM BEACH, FL 33409

TITLE STD ☐ Delete  
NAME SCHWENGER, ALLISON  
STREET ADDRESS 1217 PINE SAGE CIRCLE  
CITY- ST- ZIP WEST PALM BEACH, FL 33409

TITLE D ☐ Delete  
NAME BOOTH, MELISSA  
STREET ADDRESS 1247 PINE SAGE CIRCLE  
CITY- ST- ZIP WEST PALM BEACH, FL 33409

TITLE VD ☐ Delete  
NAME MITCHELL, MARGARET  
STREET ADDRESS 1225 PINE SAGE CIRCLE  
CITY- ST- ZIP WEST PALM BEACH, FL 33409

TITLE D ☐ Delete  
NAME BAKER, CARL  
STREET ADDRESS 1265 PINE SAGE CIRCLE  
CITY- ST- ZIP WEST PALM BEACH, FL 33409

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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CITY- ST- ZIP

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STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2/14/08*