
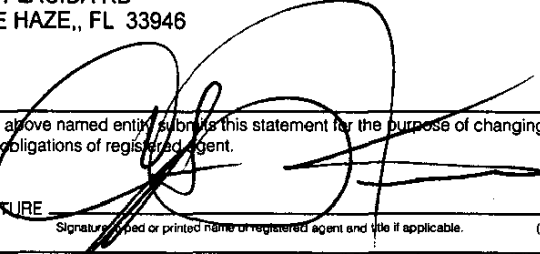
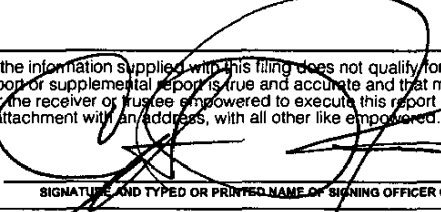


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90328 040 \*\*\*\*61.25

<b>DOCUMENT # N03972</b> 1. Entity Name <b>PALM ISLAND VILLAGE II PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>7092 PLACIDA ROAD CAPE HAZE, FL 33946 US</b>			Mailing Address <b>7092 PLACIDA RD CAPE HAZE, FL 33946</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State  Zip			City & State  Zip		
Country			Country		
<div style="display: flex; justify-content: space-between;"> <span>04142006 Chg-NP</span> <span>CR2E037 (11/05)</span> </div>					
4. FEI Number <b>59-2450218</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>TAYLOR, KEN</b> <b>7092 PLACIDA RD</b> <b>CAPE HAZE, FL 33946</b>			7. Name and Address of New Registered Agent  Name <b>CRAIG REMOUR</b> Street Address (P.O. Box Number is Not Acceptable) <b>7092 PLACIDA RD.</b> City <b>CAPE HAZE, FL</b> Zip Code <b>33946</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 					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>Filing Fee is \$61.25</b>  <b>Due by May 1, 2006</b> </div> <div style="width: 30%;">         9. Election Campaign Financing          Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> <div style="width: 30%; text-align: right;"> <b>Make check payable to</b>  <b>Florida Department of State</b> </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODGSON, JOHN 370 MAIN STREET., SUITE 1250 WORCESTER, MA 01608	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOHN HODGSON 370 MAIN ST., SUITE 1250 WORCESTER, MA 01608	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FITZGERALD, ROBERT S 66 WAGNER NORTHFIELD, IL 60093	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER KEMP, CLIFF 346 EVANSDALE RD. LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KEMP, CLIFF 66 WAGNER WINNETKA, IL 60093	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ART ANDERSON 2901 SUNSET BLVD. MINNEAPOLIS, MN 55416	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGOWEN, EUGENE 1314 MARQUETTE AVE #2707 MINNEAPOLIS, MN 55403	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICHARD SMETZER 406 PINOCHURST TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JODIE PETRIE 1116 IRON SPRINGS CT. INDIANAPOLIS, IN 4624	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JODIE PETRIE 1116 IRON SPRINGS CT. INDIANAPOLIS, IN 4624	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR	<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: 					
<div style="display: flex; justify-content: space-between;"> <div>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div> <div>ASSOCIATION MGR. 4-19-06 941 (697-1970)</div> <div>Date</div> <div>Daytime Phone #</div> </div>					