

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90021 016 ****61.25

DOCUMENT # N03972

1. Entity Name

**PALM ISLAND VILLAGE II PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business

**7092 PLACIDA ROAD
CAPE HAZE FL 33946
US**

Mailing Address

**7092 PLACIDA RD
CAPE HAZE FL 33946**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2450218

Applied For

Not Applicable

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

**REMOUR, CRAIG
7092 PLACIDA RD
CAPE HAZE, FL 33946**

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 constituting)

DATE

**FILE NOW: 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 **P** ☐ Delete
NAME **HODGSON, JOHN**
STREET ADDRESS **370 MAIN STREET., SUITE 1250**
CITY-ST-ZIP **WORCESTER MA 01608**

TITLE **T** ☐ Delete
NAME **CLIFF, KEMP**
STREET ADDRESS **346 EVANS DALE RD**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **S** ☐ Delete
NAME **ANDERSON, ART**
STREET ADDRESS **2301 SUNSET BLVD**
CITY-ST-ZIP **MINNEAPOLIS MN 55416**

TITLE **V.P.** ☐ Delete
NAME **SMELTZER, RICHARD**
STREET ADDRESS **406 PINE HURST**
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE **D** ☐ Delete
NAME **PETRIE, JODIE**
STREET ADDRESS **1116 IRON SPRINGS CT**
CITY-ST-ZIP **INDIANAPOLIS IN 34624**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V.P.** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:

CRAIG A. REMOUR