

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90093 032 ****61.25

DOCUMENT # N04000003053

1. Entity Name
PALMWOOD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
1230 N. HARBOR CITY BLVD.
MELBOURNE, FL 32935

Mailing Address
1230 N. HARBOR CITY BLVD.
MELBOURNE, FL 32935

40113219



01082007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #
4755 ELENA WAY
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 361415
Suite, Apt. #, etc.

City & State
MELBOURNE FL
Zip
32935 Country

City & State
MELBOURNE FL
Zip
32935 Country
FLORIDA

4. FEI Number
51-0526346

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

OUTLAW, D. GLEN
1230 N. HARBOR CITY BLVD.
MELBOURNE, FL 32935

7. Name and Address of New Registered Agent

Name
CHRIS NEWMAN
Street Address (P.O. Box Number is Not Acceptable)
4755 ELENA WAY
City
MELBOURNE FL Zip Code
32934

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

4/30/2007

Filing Fee is \$61.25
Due by May 1, 2007

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 | D | <input checked="" type="checkbox"/> Delete |
| NAME | OUTLAW, D. GLEN | |
| STREET ADDRESS | 1230 N. HARBOR CITY BLVD. | |
| CITY-ST-ZIP | MELBOURNE, FL 32935 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | OUTLAW, BEVILLE S | |
| STREET ADDRESS | 1222 S. HARBOR CITY BLVD. | |
| CITY-ST-ZIP | MELBOURNE, FL 32935 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | OUTLAW, MYLA | |
| STREET ADDRESS | 1222 S. HARBOR CITY BLVD. | |
| CITY-ST-ZIP | MELBOURNE, FL 32935 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|--|
| TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THOMAS WEBSTER | |
| STREET ADDRESS | 4655 ELENA WAY | |
| CITY-ST-ZIP | MELBOURNE FL 32935 32934 | |
| TITLE | VICE PRESIDENT | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TIMOTHY CARDILE | |
| STREET ADDRESS | 4755 ELENA WAY | |
| CITY-ST-ZIP | MELBOURNE FL 32935 32934 | |
| TITLE | TREASURER | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHRIS NEWMAN | |
| STREET ADDRESS | 4755 ELENA WAY | |
| CITY-ST-ZIP | MELBOURNE FL 32935 32934 | |
| TITLE | SECRETARY | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PATRICE WEBSTER | |
| STREET ADDRESS | 4655 ELENA WAY | |
| CITY-ST-ZIP | MELBOURNE FL 32935 32934 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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

CHRIS NEWMAN

Date

4/30/2007

Daytime Phone #

543 8520
321 54780