

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2008 8:00 am**  
**Secretary of State**

07-09-2008 90019 039 \*\*\*\*61.25

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07072008 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N04000003053</b> 1. Entity Name PALMWOOD HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4755 ELENA WAY MELBOURNE, FL 32934			Mailing Address PO BOX 361415 MELBOURNE, FL 32936		
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		
4. FEI Number 51-0526346			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired			<input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent  NEWMAN, CHRIS 4755 ELENA WAY MELBOURNE, FL 32934			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>		
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 (NOTE: Registered Agent signature required when constituting)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY ST ZIP	P WEBSTER, THOMAS 4655 ELENA WAY MELBOURNE, FL 32934	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	P CARDILE, TIMOTHY 4785 ELENA WAY MELBOURNE, FL 32934
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	VP CARDILE, TIMOTHY 4785 ELENA WAY MELBOURNE, FL 32934	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	VP MORRISON, ED 4710 ELENA WAY MELBOURNE, FL 32934
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	T NEWMAN, CHRIS 4755 ELENA WAY MELBOURNE, FL 32934	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	S KILGALLIN, FRED 4605 ELENA WAY MELBOURNE, FL 32934
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	S WEBSTER, PATRICK 4655 ELENA WAY MELBOURNE, FL 32934	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	S KILGALLIN, FRED 4605 ELENA WAY MELBOURNE, FL 32934
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	S KILGALLIN, FRED 4605 ELENA WAY MELBOURNE, FL 32934	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	S KILGALLIN, FRED 4605 ELENA WAY MELBOURNE, FL 32934
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> _____		CHRIS NEWMAN		7-1-2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone: 321 543 8520	