

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Aug 02, 2006  
Secretary of State**

DOCUMENT# N04000005208

Entity Name: PALMONA PARK IMPROVEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

4008 WHOLESALE CT  
N FORT MYERS, FL 33903

**New Principal Place of Business:**

**Current Mailing Address:**

4008 WHOLESALE CT  
N FORT MYERS, FL 33903

**New Mailing Address:**

FEI Number: 26-0087169      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LITTEN, DONNA A  
423 ELLIS STREET  
N. FT. MYERS, FL 33903      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P,D      ( ) Delete  
Name: LITTEN, DONNA  
Address: 423 ELLIS ST  
City-St-Zip: N FORT MYERS, FL 33903

Title: VP      ( ) Delete  
Name: ROMER, JACQUIE  
Address: 63 GAZELLE DRIVE  
City-St-Zip: N FORT MYERS, FL 33917

Title: S      ( ) Delete  
Name: HALLOCK, MARYANNE  
Address: 335 SAN DIEGO STREET  
City-St-Zip: N FORT MYERS, FL 33903

Title: T, D      ( ) Delete  
Name: SULLIVAN, SHIRLEY  
Address: 239 CLARK ST  
City-St-Zip: N FORT MYERS, FL 33903

Title: D      ( ) Delete  
Name: LITTEN, MAX E  
Address: 423 ELLIS STREET  
City-St-Zip: N. FT. MYERS, FL 33903

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP D      (X) Change ( ) Addition  
Name: ROMER, JACQUIE  
Address: 320 REDLIN STREET  
City-St-Zip: N FORT MYERS, FL 33903

Title: D      (X) Change ( ) Addition  
Name: RAPERT, FOREST J  
Address: 320 REDLIN STREET  
City-St-Zip: N FORT MYERS, FL 33903

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA A. LITTEN

P

08/02/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date