

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001533

FILED
Mar 20, 2006
Secretary of State

Entity Name: PALMETTO RIDGE SCHOPKE HOMEOWNERS ASSOCIATION, INC

Current Principal Place of Business:

218 WEST SR. 434, SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

218 WEST SR. 434, SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 20-3300889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAGEN, DEBORAH D
950 S. WINTER PARK DRIVE
SUITE 350
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

HART, JAMES W
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 32779 US

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: JAMES W HART JR

03/20/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAGEN, DEBORAH D
Address: 950 S. WINTER PARK DRIVE
City-St-Zip: CASSELBERRY, FL 32707 US

Title: VP () Delete
Name: KATANICH, SAMUEL L
Address: 874 WINDCREST PLACE
City-St-Zip: OVIEDO, FL 32765

Title: T (X) Delete
Name: HAGEN, TERRY D
Address: 950 S. WINTER PARK DRIVE
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JONES, JAMES
Address: 950 S WINTER PARK DRIVE STE 350
City-St-Zip: CASSELBERRY, FL 32707 US

Title: VPD (X) Change () Addition
Name: RISALVO, PETER
Address: 950 S WINTER PARK DR STE 350
City-St-Zip: CASSELBERRY, FL 32707

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: JAMES JONES

PD

03/20/2006

Electronic Signature of Signing Officer or Director

Date