2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 13, 2006 8:00 am **Secretary of State** DOCUMENT # N0500001,1001 1. Entity Name 02-13-2006 90142 001 ****61.25 PALM 'N PINES HOME OWNER'S ASSOCIATION, INC. 02-13-2006 90142 002 *****8.75 Principal Place of Business Mailing Address POST OFFICE BOX 13 1225 SOUTH STATE ROAD 29 **FELDA FL 33930** FELDA FL 33930 2. Principal Place of Business 3. Mailing Address PO BOX 13 1225 5 State Rd Suite. Apt. #, etc 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 74-3156300 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Henry En 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ernand CUSACK, HELENE Street Address (P.O. Box Number is Not Acceptable) Lot# 15 PALM 'N PINES RV PARK 1225 SOUTH STATE ROAD 29 - LOT #25 State FELDA FL 33930 he purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the obligations of regis SIGNATURE **\$5.00** May Be FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to Trust Fund Contribution. Florida Department of State Due By May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change Addition Delete TITLE TITLE Gloria Hernandez FELLON, DARLENE F NAME NAME 1225 5 State Rd 29 1225 SOUTH STATE ROAD 29 #24 STREET ADDRESS STREET ADDRESS CITY-ST-7IP **FELDA FL 33930** CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE CUSACK, HELENE NAME NAME 1225 SOUTH STATE ROAD 29 #25 STREET ADDRESS STREET ADDRESS FELDA FL 33930 CITY-ST-7IP CITY-ST-ZIP Channe D Addition No lete TITLE HARGREAVES, BELLE NAME NAME STREET ADDRESS 1225 SOUTH STATE ROAD 29 #50 STREET ADDRESS CITY-ST-7IP FELDA FL 33930 CITY-ST-ZIP Addition Delete TITI F ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition THILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS 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 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.

FILED

arlene J. SIGNATURE: