

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 26, 2007 08:00 AM
Secretary of State**

DOCUMENT # N06000003707

1. Entity Name

PALM RIDGE ESTATES H.O.A., INC.



Principal Place of Business

**12433 PALM RIDGE DRIVE
SAN ANTONIO, FL 33576 US**

Mailing Address

**12433 PALM RIDGE DRIVE
SAN ANTONIO, FL 33576 US**



01182007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

76-0822194

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BURNS, CHARLES T
12433 PALM RIDGE DRIVE
SAN ANTONIO, FL 33576**

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IN THIS SPACE**

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

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BURNS, CHARLES T
12433 PALM RIDGE DRIVE
SAN ANTONIO, FL 33576**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP/T
OLANIEL, ANDRES
12306 PALM STREET
SAN ANTONIO, FL 33576**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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01/30/07-80041-023 70.00

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IN THIS SPACE**

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:

Andres Olaniel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/23/07

Daytime Phone #

813-727-5987