

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

DOCUMENT # N06000008822

1. Entity Name  
PALMS WEST COMMUNITY FOUNDATION, INC.



Principal Place of Business  
13901 SOUTHERN BLVD  
LOXAHATCHEE, FL 33470

Mailing Address  
13901 SOUTHERN BLVD  
LOXAHATCHEE, FL 33470

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Po Box 1062

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
LOXA HATCHEE FL

Zip

Country

Zip

33470

Country

4. FEI Number

20-5476733

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPILLANE, J P  
12778 W FOREST HILL BLVD  
STE 2005  
WELLINGTON, FL 33414

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME GARCIA, SILVIA  
STREET ADDRESS 8899 ALEXANDRA CIR  
CITY-ST-ZIP WELLINGTON, FL 33414

Delete

Change

Addition

TITLE PD  
NAME BOYNTON, JOANNA  
STREET ADDRESS 1936 DERBY TRAIL  
CITY-ST-ZIP WELLINGTON, FL 33414

Delete

Change

Addition

TITLE SD  
NAME SANITA, ELLEN  
STREET ADDRESS 15841 GLEN WILLOW LN  
CITY-ST-ZIP WELLINGTON, FL 33414

Delete

Change

Addition

TITLE TD  
NAME SPILLANE, J P  
STREET ADDRESS 10401 OAK MEADOW LN  
CITY-ST-ZIP LAKE WORTH, FL 33467

Delete

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

Change

Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.P. SPILLANE

TREAS

4/26/07 561-790-1488

Date

Daytime Phone #

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90059 001 \*\*\*\*61.25

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01162007 Chg-NP CR2E037 (12/06)