



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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 # Suite, Apt. #, etc.		3. Mailing Address PO Box 1062 Suite, Apt. #, etc.			
City & State		City & State LOXAHATCHEE FL			
Zip 33470	Country	Zip 33470	Country	4. FEI Number 20-5476733	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPILLANE, J P 12778 W FOREST HILL BLVD STE 2005 WELLINGTON, FL 33414			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, SILVIA 8899 ALEXANDRA CIR WELLINGTON, FL 33414	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOYNTON, JOANNA 1936 DERBY TRAIL WELLINGTON, FL 33414	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANITA, ELLEN 15841 GLEN WILLOW LN WELLINGTON, FL 33414	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPILLANE, J P 10401 OAK MEADOW LN LAKE WORTH, FL 33467	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  J.P. SPILLANE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
TREAS 4/26/07 561-790-1488 <small>Date Daytime Phone #</small>					

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