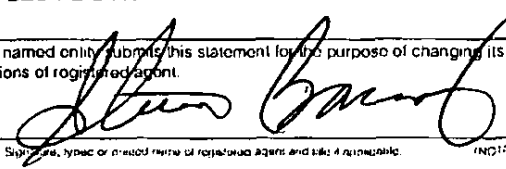
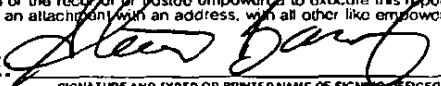


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

2/15/2007-90053-009-\$70.00-\$70.00

DOCUMENT # N06000011398 1. Entity Name PALM VILLAGE OF ST. JAMES CITY HOMEOWNERS' ASSOCIATION, INC.						FILED 07 MAY -1 PM 3:34 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business % JOHN P. WHITE, P.A. 1575 PINE RIDGE RD - STE 10 NAPLES FL 34109				Mailing Address % JOHN P. WHITE, P.A. 1575 PINE RIDGE RD - STE 10 NAPLES FL 34109			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 20-8931788				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WHITE, JOHN P % JOHN P. WHITE, P.A. 1575 PINE RIDGE RD - STE 10 NAPLES FL 34109				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				FL Zip Code			
SIGNATURE 				DATE 2/4/07			
FILE NOW: 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 NAME STREET ADDRESS CITY ST ZIP	D ☐ Delete BACARDI, STEVE 1575 PINE RIDGE RD - STE 10 NAPLES FL 34109			TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	D ☐ Delete WHITE, JOHN P 1575 PINE RIDGE RD - STE 10 NAPLES FL 34109			TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	D ☐ Delete WHITE, ANN E 1575 PINE RIDGE RD - STE 10 NAPLES FL 34109			TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition		
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 recipient of a trust or other arrangement 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 				DATE 2/4/07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				239-947-5898			