

2008. NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000011398

1. Entity Name
PALM VILLAGE OF ST. JAMES CITY HOMEOWNERS'
ASSOCIATION, INC.



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



03132008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
20-8931788

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
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, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000869762
04/09/08-80063-005 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME BACARDI, STEVE
STREET ADDRESS 1575 PINE RIDGE RD - STE 10
CITY-ST-ZIP NAPLES, FL 34109

TITLE D
NAME WHITE, JOHN P
STREET ADDRESS 1575 PINE RIDGE RD - STE 10
CITY-ST-ZIP NAPLES, FL 34109

TITLE D
NAME WHITE, ANN E
STREET ADDRESS 1575 PINE RIDGE RD - STE 10
CITY-ST-ZIP NAPLES, FL 34109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/08