

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07167

FILED
Mar 08, 2005
Secretary of State

Entity Name: PALMAS BAY CLUB HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1166 PELICAN BAY DR
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

Current Mailing Address:

1166 PELICAN BAY DR
DAYTONA BEACH, FL 32114 US

New Mailing Address:

FEI Number: 59-2487328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARKIN, MICHELE
1166 PELICAN BAY DR
DAYTONA BEACH, FL 32119 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CATALNO, GREG
Address: 6337 PALMAS BAY CIR
City-St-Zip: PORT ORANGE, FL 32127

Title: VPTD () Delete
Name: BELUS, MICHAEL A
Address: 6347 PALMAS BAY CIR
City-St-Zip: PORT ORANGE, FL 32127

Title: SD () Delete
Name: FISHER, WILLIAM
Address: 6301 PALMAS BAY CIRCLE
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: DONINI, EDWARD S
Address: 6311 PALMAS BAY CIR
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: NOELL, JOHN LEE
Address: 6322 PALMAS BAY CIR
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BRENNER, VINCENT
Address: 6321 PALMAS BAY CIRCLE
City-St-Zip: PORT ORANGE, FL 32127

Title: TD (X) Change () Addition
Name: BELUS, MICHAEL A
Address: 6347 PALMAS BAY CIR
City-St-Zip: PORT ORANGE, FL 32127

Title: PD (X) Change () Addition
Name: FISHER, WILLIAM
Address: 6301 PALMAS BAY CIRCLE
City-St-Zip: PORT ORANGE, FL 32127

Title: VPD (X) Change () Addition
Name: DONINI, EDWARD S
Address: 6311 PALMAS BAY CIR
City-St-Zip: PORT ORANGE, FL 32127

Title: SD (X) Change () Addition
Name: PERRY, JAMES
Address: 6317 PALMAS BAY CIRCLE
City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM FISHER

PRES

03/08/2005

Electronic Signature of Signing Officer or Director

Date