
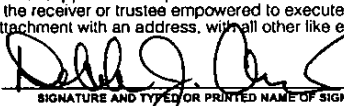


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90207 025 ****61.25

DOCUMENT # N07609 1. Entity Name PALM VALLEY COMMUNITY CENTER					
Principal Place of Business 148 CANAL BLVD PONTE VEDRA BEACH, FL 32082 US				Mailing Address P.O. BOX 962 PONTE VEDRA BEACH, FL 32004 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3518468	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SNEED, JEFF 599 ATLANTIC BLVD STE 4 ATLANTIC BEACH, FL 32233				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	P	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEONARD, GREG		NAME	Kathryn Rowe	
STREET ADDRESS	P.O. BOX 2915		STREET ADDRESS	11 1/2 N. Roscoe Blvd.	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32004		CITY-ST-ZIP	Ponte Vedra Beach FL 32082	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGARTHY, JACK		NAME	Nels Frostensen	
STREET ADDRESS	106 A CANAL BLVD		STREET ADDRESS	376 N. Roscoe Blvd.	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP	Ponte Vedra Beach FL 32082	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILLIPS, GARY		NAME	Rom McElcannon	
STREET ADDRESS	161 SA ROSCOE BLVD		STREET ADDRESS	27 N. Wilderness Trail	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP	Ponte Vedra Beach FL 32082	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEBB, SHERRY		NAME	Joanna Vanderkolk	
STREET ADDRESS	263 CORAL BLVD.		STREET ADDRESS	1270 Neck Road	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP	Ponte Vedra Beach FL 32082	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		
NAME	SILKENBAKEN, MARCY		NAME		
STREET ADDRESS	1145 NECK RD		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	ANDREWS, DEBORAH		NAME		
STREET ADDRESS	11 N. ROSCOE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP		
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: 			Date: 4/17/06 Daytime Phone #: 904-273-6707		