

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 10, 2006  
Secretary of State**

DOCUMENT# N11024

Entity Name: PALM COURT HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

% NEWELL PROPERTY MANAGEMENT  
5435 JAEGER RD. #4  
NAPLES, FL 34109 US

**New Principal Place of Business:**

**Current Mailing Address:**

% NEWELL PROPERTY MANAGEMENT  
5435 JAEGER RD. #4  
NAPLES, FL 34109 US

**New Mailing Address:**

FEI Number: 59-2583712      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NEWELL, WILLIAM  
5435 JAEGER ROAD #4  
NAPLES, FL 34109 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: TEWKSBURY, THOMAS  
Address: 230 6TH AVENUE SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: VD ( ) Delete  
Name: SILVERMAN, PERRY  
Address: 224 SIXTH AVENUE SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: STD ( ) Delete  
Name: SCHMID, ELKE  
Address: 272 SIXTH AVENUE SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: O'KEEFE, JUNE  
Address: 260 SIXTH AVENUE SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: OEHLER, EDWARD  
Address: 660 THIRD STREET SOUTH  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BEATTY, JIM  
Address: 212 6TH AVENUE SOUTH  
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: THOMAS TEWKSBURY

PD

01/10/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date