


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2005 8:00 am
Secretary of State

06-17-2005 90002 017 ****70.00

DOCUMENT # N14247			
1. Entity Name PALM SHORES ASSOCIATION, INC.			
Principal Place of Business PALM SHORES P.O. BOX 562 INTERLACHEN, FL 32148 US		Mailing Address PALM SHORES P.O. BOX 562 INTERLACHEN, FL 32148 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 NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GROSS, NANCY I 123 WINCHESTER AVE. INTERLACHEN, FL 32148		Name <u>HOGUE, BARBARA A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>111 IRON AVENUE</u> City <u>INTERLACHEN</u> FL Zip Code <u>32148</u>	
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 <u>BARBARA A. HOGUE, TREASURER</u> <u>Barbara A. Hogue</u> <u>6-15-05</u> <small>Signature typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOGUE, JOSEPH 111 IRON ST. INTERLACHEN, FL 32148 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT: MARY SPAGUE 4070 FARRELL AVENUE INTERLACHEN, FL 32148 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JUSTIN 101 TEMPEST ST INTERLACHEN, FL 32148 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE President: RAY SWIFT 124 BOLLGREEN DRIVE INTERLACHEN, FL 32148 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GROSS, NANCY 123 WINCHESTER AVE. INTERLACHEN, FL 32148 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY: JERRI WILLIAMS 337 E. RIVER ROAD E. PALATKA, FL 32131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CZARKOWSKI, HELEN 133 REAVES AVE INTERLACHEN, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER: BARBARA A. HOGUE 111 IRON AVENUE INTERLACHEN, FL 32148 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GAGNE, VIC 114 VELVET ST. INTERLACHEN, FL 32148 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD member: JOSEPH HOGUE 111 IRON AVENUE INTERLACHEN, FL 32148 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, ELENA 165 REAVES AVE. INTERLACHEN, FL 32148 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD member: VICTOR GAGNE 114 VELVET STREET INTERLACHEN, FL 32148 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Barbara A. Hogue</u>		Date <u>6-15-05</u> (382) 684-3017	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

40088484



DOCUMENT # N14247 1. Entity Name PALM SHORES ASSOCIATION, INC.					
Principal Place of Business PALM SHORES P.O. BOX 562 INTERLACHEN, FL 32148 US			Mailing Address PALM SHORES P.O. BOX 562 INTERLACHEN, FL 32148 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GROSS, NANCY I 123 WINCHESTER AVE. INTERLACHEN, FL 32148				Name <u>HOGUE, BARBARA A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>111 IRON AVENUE</u> City <u>INTERLACHEN</u> FL Zip Code <u>32148</u>	
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 <u>BARBARA A. HOGUE - TREASURER - Barbara A. Hogue 6-15-05</u> <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 September 7, 2005		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 NAME STREET ADDRESS CITY - ST - ZIP	PD HOGUE, JOSEPH 111 IRON ST. INTERLACHEN, FL 32148	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Board Member: JOSEPH GOODWIN 101 Lily Drive Interlachen, FL 32148	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, JUSTIN 101 TEMPEST ST INTERLACHEN, FL 32148	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Board Member: BERDINA SNYDER 131 VELVET STREET INTERLACHEN, FL 32148	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GROSS, NANCY 123 WINCHESTER AVE. INTERLACHEN, FL 32148	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CZARKOWSKI, HELEN 133 REAVES AVE INTERLACHEN, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD GAGNE, VIC 114 VELVET ST. INTERLACHEN, FL 32148	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, ELENA 165 REAVES AVE. INTERLACHEN, FL 32148	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 817, 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: <u>Barbara A. Hogue</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>6-15-05 (386) 684-3017</u> <small>Daytime Phone #</small>		