

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-20-2006 90204 010 ****61.25

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

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOGUE, BARBARA A
III IRON AVENUE
INTERLACHEN FL 32148**

Name **Connie Johnson**

Street Address (P.O. Box Number is Not Acceptable)

101 Tempest St

City **Interlachen**

FL

Zip Code

32148

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

Constance Johnson

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Mar 31, 2006

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SPRAGUE, MARY**
STREET ADDRESS **4070 FARRELL AVE**
CITY-ST-ZIP **INTERLACHEN FL 32148**

TITLE **VP** ☐ Delete
NAME **SWIFT, RAY**
STREET ADDRESS **124 BOLLGREEN DRIVE**
CITY-ST-ZIP **INTERLACHEN FL 32148**

TITLE **S** ☒ Delete
NAME **WILLIAMS, JERRI**
STREET ADDRESS **337 E RIVER ROAD**
CITY-ST-ZIP **EAST PALATKA FL 32131**

TITLE **T** ☒ Delete
NAME **HOGUE, BARBARA**
STREET ADDRESS **111 IRON AVE**
CITY-ST-ZIP **INTERLACHEN FL 32148**

TITLE **BM** ☒ Delete
NAME **HOGUE, JOSEPH**
STREET ADDRESS **11 IRON AVE**
CITY-ST-ZIP **INTERLACHEN FL 32148**

TITLE **BM** ☐ Delete
NAME **GAGNE, VICTOR**
STREET ADDRESS **114 VELVET STREET**
CITY-ST-ZIP **INTERLACHEN FL 32148**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Change ☐ Addition
NAME **Hogue Joseph**
STREET ADDRESS **11 Iron Ave.**
CITY-ST-ZIP **Interlachen, FL 32148**

TITLE **T** ☒ Change ☐ Addition
NAME **Johnson Connie**
STREET ADDRESS **101 Tempest St.**
CITY-ST-ZIP **Interlachen, FL 32148**

TITLE **BM** ☒ Change ☐ Addition
NAME **Snyder Berdina**
STREET ADDRESS **131 Velvet St.**
CITY-ST-ZIP **Interlachen, FL 32148**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Constance Johnson

Mar 31 386-684-4301