


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90009 031 ****61.25

DOCUMENT # N14247
1. Entity Name
PALM SHORES ASSOCIATION, INC.



Principal Place of Business Mailing Address
PALM SHORES P.O. BOX 562 INTERLACHEN FL 32148 US



2. Principal Place of Business - No P.O. Box #
111 IRON AVENUE
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 562
Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State
Inter Lachen, Fl.

City & State
Inter Lachen, Fl.

Zip Country
32148 Putnam

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32148 Putnam

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
JOHNSON, CONNIE
101 TEMPEST ST
INTERLACHEN FL 32148

7. Name and Address of New Registered Agent
Name **Barbara A. Hogue**
Street Address (P.O. Box Number is Not Acceptable)
111 Iron Avenue
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 **BARBARA A. HOGUE** *Barbara A Hogue* **2-15-08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
P	SPRAGUE, MARY	4070 FARRELL AVE	INTERLACHEN FL 32148	<input checked="" type="checkbox"/>
VP	SWIFT, RAY	124 BOLLGREEN DRIVE	INTERLACHEN FL 32148	<input checked="" type="checkbox"/>
S	HOGUE, JOSEPH	11 IRON AVE	INTERLACHEN FL 32148	<input checked="" type="checkbox"/>
T	JOHNSON, CONNIE	101 TEMPEST ST	INTERLACHEN FL 32148	<input checked="" type="checkbox"/>
BM	SNYDER, BERDINA	131 VELVET ST	INTERLACHEN FL 32148	<input type="checkbox"/>
BM	GAGNE, VICTOR	114 VELVET STREET	INTERLACHEN FL 32148	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	HOGUE, Joseph N.	111 IRON AVENUE	InterLachen, Fl. 32148	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	GAGNE, Victor	114 Velvet Street	InterLachen, Fl. 32148	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	Czarkowski, Helen	133 Reaves Avenue	InterLachen, Fl. 32148	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	HOGUE, BARBARA A.	111 IRON AVENUE	InterLachen, Fl. 32148	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bm	SAME			<input type="checkbox"/>	<input type="checkbox"/>
Bm	Swift, Ray	124 Bollgreen Drive	InterLachen, Fl. 32148	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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: BARBARA A. HOGUE *Barbara A. Hogue* **2-15-08** **386-684-3017**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR