

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90054 017 ****70.00

DOCUMENT # N17864

1. Entity Name
PALM CAY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**C/O KENNETH KIRKPATRICK
8888 S.W. STATE RD. 200
OCALA, FL 34481 US**

Mailing Address
**POB 772042
OCALA, FL 34477 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2774085

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

**HALDERMAN, KEN
11237 SW 78 COURT
OCALA, FL 34476**

Name **EDGERTON, JOYCE**
Street Address (P.O. Box Number is Not Acceptable)

8356 SW 106 ST

City **OCALA FL** Zip Code **34481**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Delete
NAME **EDGERTON, JOYCE**
STREET ADDRESS **8356 SW 106 ST**
CITY-ST-ZIP **OCALA, FL 34481**

TITLE **VD** ☐ Change ☒ Addition
NAME **HOYT, RUSSELL**
STREET ADDRESS **8344 SW 107 PL**
CITY-ST-ZIP **OCALA FL 34481**

TITLE **D** ☐ Delete
NAME **DEMERY, ROGER**
STREET ADDRESS **8306 SW 106 PL**
CITY-ST-ZIP **OCALA, FL 34481**

TITLE **TD** ☒ Change ☐ Addition
NAME **DEMERY, ROGER**
STREET ADDRESS **8306 SW 106 PL**
CITY-ST-ZIP **OCALA FL 34481**

TITLE **D** ☐ Delete
NAME **KIRKPATRICK, KENNETH**
STREET ADDRESS **8888 SW STATE RD 200**
CITY-ST-ZIP **OCALA, FL 34481**

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

TITLE **D** ☒ Delete
NAME **STOLANOWSKI, DAN**
STREET ADDRESS **8326 SW 107 PLACE**
CITY-ST-ZIP **OCALA, FL 34481**

TITLE **D** ☐ Change ☒ Addition
NAME **DEPANTE, DOMINIC**
STREET ADDRESS **10955 SW 76 TERRACE**
CITY-ST-ZIP **OCALA FL 34476**

TITLE **D** ☒ Delete
NAME **GOODPASTER, DIANE**
STREET ADDRESS **11086 SW 77 COURT**
CITY-ST-ZIP **OCALA, FL 34476**

TITLE **D** ☐ Change ☒ Addition
NAME **HALL, BARBARA**
STREET ADDRESS **11281 SW 76 AVE**
CITY-ST-ZIP **OCALA FL 34476**

TITLE **T** ☒ Delete
NAME **RAYMOND, SAVOIE A**
STREET ADDRESS **11068 SW 75 AVE**
CITY-ST-ZIP **OCALA, FL 34476**

TITLE **D** ☐ Change ☒ Addition
NAME **DALDIN, RUTH**
STREET ADDRESS **8415 SW 106 PL**
CITY-ST-ZIP **OCALA FL 34481**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #