


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N18912</b> 1. Entity Name PALM 'N PINE ASSOCIATION, INC.			
Principal Place of Business 1016 SUPERIOR ST LOT 124 FT MYERS, FL 33916 US		Mailing Address 1016 SUPERIOR ST LOT 124 FT MYERS, FL 33916 US	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01032005 No Chg-NP CR2E037 (10/03)	
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  VAN ZEE, LILLIAM 1016 SUPERIOR STREET LOT 124 FORT MYERS, FL 33916		<b>DO NOT WRITE IN THIS SPACE</b>	
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>LILLIAN VAN ZEE, TREASURER</u> <u>Lillian Van Zee</u> <u>1/21/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PD MCDONNOLD, LEROY 1016 SUPERIOR LOT #41 FORT MYERS, FL 33916	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		VD DIEKEMA, ROGER 1016 SUPERIOR LOT 116 FORT MYERS, FL 33916	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TD VAN ZEE, LILLIAN 1016 SUPERIOR LOT 124 FORT MYERS, FL 33916	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>LEROY MCDONNOLD</u> <u>1-21-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			