

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90143 021 \*\*\*\*61.25

<b>DOCUMENT # N18912</b> 1. Entity Name <b>PALM 'N PINE ASSOCIATION, INC.</b>			
Principal Place of Business <b>1016 SUPERIOR ST</b> <b>LOT 124</b> <b>FT MYERS, FL 33916 US</b>		Mailing Address <b>1016 SUPERIOR ST</b> <b>LOT 124</b> <b>FT MYERS, FL 33916 US</b>	
2. Principal Place of Business <b>1016 Superior St.</b> Suite, Apt. #, etc. <b>Lot 41</b> City & State <b>Ft. Myers, Fl</b> Zip <b>33916</b> Country <b>US</b>		3. Mailing Address <b>1016 Superior St</b> Suite, Apt. #, etc. <b>Lot 41</b> City & State <b>Ft. Myers, Fl</b> Zip <b>33916</b> Country <b>US</b>	
6. Name and Address of Current Registered Agent  <b>VAN ZEE, LILLIAM</b> <b>1016 SUPERIOR STREET</b> <b>LOT 124</b> <b>FORT MYERS, FL 33916</b>		7. Name and Address of New Registered Agent Name <b>McDonnold, Eleanor B.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1016 Superior St.</b> <b>Lot 41</b> City <b>Ft. Myers</b> <b>FL</b> Zip Code <b>33916</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><i>Eleanor B. McDonnold</i></u> <b>Treasurer</b> <u>04-01-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>MCDONNOLD, LEROY</b> <input checked="" type="checkbox"/> Delete <b>1016 SUPERIOR LOT #41</b> <b>FORT MYERS, FL 33916</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>James Morse</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1016 Superior St. #77</b> <b>Ft. Myers, Fl 33916</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>DIEKEMA, ROGER</b> <input checked="" type="checkbox"/> Delete <b>1016 SUPERIOR LOT 116</b> <b>FORT MYERS, FL 33916</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>LeRoy McDonnold</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1016 Superior St. #41</b> <b>Ft. Myers, Fl 33916</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>VAN ZEE, LILLIAM</b> <input checked="" type="checkbox"/> Delete <b>1016 SUPERIOR LOT 124</b> <b>FORT MYERS, FL 33916</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>McDonnold, Eleanor B.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1016 Superior St. #41</b> <b>Ft. Myers, Fl 33916</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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 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.			
<b>SIGNATURE:</b> <u><i>Eleanor B. McDonnold</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>04-01-06</u> <u>239.337.0716</u> <small>Date Daytime Phone #</small>	

NORTH 937-859-3873