

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19789

**FILED**  
**Mar 10, 2011**  
**Secretary of State**

**Entity Name:** THE PALMS - SECTION IV HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

733 SWAYING PALM DRIVE  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 612  
APOPKA, FL 32704 06

**New Mailing Address:**

**FEI Number:** 59-2993064

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIMKO, DEBORAH S  
733 SWAYING PALM DRIVE  
APOPKA, FL 32712 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SIMKO, DEBORAH S  
Address: 733 SWAYING PALM DRIVE  
City-St-Zip: APOPKA, FL 32712

Title: T  
Name: GRIFFIN, RICHARD L  
Address: 1774 SINGING PALM DRIVE  
City-St-Zip: APOPKA, FL 32712

Title: S  
Name: JAMES, MICHELE  
Address: 727 SWAYING PALM DRIVE  
City-St-Zip: APOPKA, FL 32712

Title: AB  
Name: SIMKO, GREGORY A  
Address: 733 SWAYING PALM DRIVE  
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEBORAH SHARP SIMKO

MRS.

03/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date