

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24971

FILED  
Mar 03, 2006  
Secretary of State

Entity Name: PALM RIVER MOBILE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

793 WALKERBILT RD  
LOT D-12  
NAPLES, FL 34110 US

**New Principal Place of Business:**

793 WALKERBILT RD  
LOT D-5  
NAPLES, FL 34110 US

**Current Mailing Address:**

793 WALKERBILT RD  
LOT D-12  
NAPLES, FL 34110 US

**New Mailing Address:**

793 WALKERBILT RD  
LOT D-5  
NAPLES, FL 34110 US

FEI Number: 58-1775598

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SWANSON, DONALD M  
793 WALKERBILT RD  
LOT D-12  
NAPLES, FL 34110 US

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

THOMAS, NELLIE  
793 WALKERBILT RD  
LOT D-5  
NAPLES, FL 34110 US

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: NELLIE THOMAS

03/03/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SWANSON, DONALD M  
Address: 793 WALKERBILT RD LOT D-12  
City-St-Zip: NAPLES, FL 34110

Title: VD ( ) Delete  
Name: BLANCHARD, GORDON J  
Address: 793 WALKERBILT RD., LOT E-10  
City-St-Zip: NAPLES, FL 34110

Title: STD (X) Delete  
Name: LUTZI, PHILLIP  
Address: 793 WALKERBILT RD LOT C-11  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: JORGENSEN, HERBERT  
Address: 793 WALKERBILT RD LOT E-7  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: CHMURA, EUGENE  
Address: 793 WALKERBILT RD LOT E-17  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: WRIGHT, WALTER  
Address: 793 WALKERBILT RD LOT B-4  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DONALD M SWANSON

PD

03/03/2006

Electronic Signature of Signing Officer or Director

Date