

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24971

FILED
Jan 03, 2007
Secretary of State

Entity Name: PALM RIVER MOBILE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 58-1775598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, NELLIE
793 WALKERBILT RD
LOT D-5
NAPLES, FL 34110 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: 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: 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: PD (X) Change () Addition
Name: BLANCHARD, GORDON C
Address: 793 WALKERBILT RD LOT E-10
City-St-Zip: NAPLES, FL 34110

Title: VD (X) Change () Addition
Name: WEIDNER, RONALD
Address: 793 WALKERBILT RD., LOT A-8
City-St-Zip: NAPLES, FL 34110

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

Title: D (X) Change () Addition
Name: LENNINGTON, PETE
Address: 793 WALKERBILT RD LOT E-17
City-St-Zip: NAPLES, FL 34110

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: GORDON C. BLANCHARD

PD

01/03/2007

Electronic Signature of Signing Officer or Director

Date