2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 10, 2006 8:00 am Secretary of State DOCUMENT # N25268 1. Entity Name 03-10-2006 90017 012 ****61.25 PALMA SOLA COURT HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 7220 25TH DR W 7220 25TH DR W C/O JOAN GARY BRADENTON FL 34209 C/O JOAN GARY BRADENTON FL 34209 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For **NO-T APPLICABLE** Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRAY, JOAN 7220 25TH DR W Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34209** City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reastaing) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ST TITLE ☐ Delete THLE GRAY, JOAN NAME NAME 7220 25TH DR W STREET ADDRESS STREET ADDRESS **BRADENTON FL 34209** CITY-ST-ZIP CITY-S1-ZIP Delete TITLE ☐ Channe Addition MAYERNICK, ELIZABETH 7215 25TH DR W STREET ADDRESS STREET ADDRESS **BRADENTON FL 34209** CITY-ST-ZIP CITY-ST-ZIP TITLE VD □ Delete TITLE ☐ Change Addition NAME IDE, JACKIE NAME STREET ADDRESS 7201 25TH DR W STREET ADDRESS **BRADENTON FL 34209** CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 it 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

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

Ser'4 1 Thers. 3-1-06 941-795-2227

FILED