2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2008 8:00 am Secretary of State

DOCUMENT # N25503					04-04-2008 90034 008 ****61.25				
1. Entity Name PALM LAKE ESTATES HOME OWNERS' ASSOCIATION, INC.									
Principal Place of Business 900 E.PINE STREET SUITE 126 ENGLEWOOD, FL 34223 US		Mailing Address 900 E.PINE STREET SUITE 126 ENGLEWOOD, FL 34223 US					l fill Blatt Blattle	EZDIK BYDIK BYDIN DIR	18 7 1 17 1
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03052008	Chg-NP	CR2E	037 (12/06)	
City & State		City & State			4. FEI Number Applied For 65-0124485 Not Applicable				
Zip	Country	Zip	Country		5. Certificate of	of Status Desired	, 🗆	\$8.75 Add	
6. Name and Address of Current Registered Agent			Name		7. Name and	Address of New	v Registered	d Agent	
MURTHA THOMAS E.C.P.A									
MURTHA, THOMAS E C.P.A 900 E.PINE STREET SUITE 126			Street A	Address (F	O. Box Numbe	r is Not Accepta	ıble)		
ENGLEWOOD, FL 34223									.
·				FL 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	nature, typed or printed name of registered agent	and title if applicable. (NC	TE: Registered Agent signs	ture required	when reinstating)		DATE	. ,	
Sign Fil	nature, typed or printed name of registered agent ling Fee Is \$61.25 ue by May 1, 2008	9. Election Ca	TE: Registered Agent signal ampaign Financing Contribution.		\$5.00 May Be Added to Fees) F	Make che	ck payable t	
Sign Fil	ling Fee is \$61.25	9. Election Ca Trust Fund	ampaign Financing		\$5.00 May Be	F	Make che lorida Dep	ck payable t artment of S	tate
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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.

NAME

STREET ADDRESS CITY-ST-ZIP

NAME KNIGHT, LEE ANNE

ENGLEWOOD, FL 34224

STREET ADDRESS | 2241 OLEADA CT

SIGNATURE: Summer Supplied or Printed Mayle OF SIGNATURE Anne Knight 04/01/08 941-698 751