

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90041 039 ****61.25



DOCUMENT # N29552
 1. Entity Name
PALM SHORE ESTATES OWNERS' ASSOCIATION, INC.

Principal Place of Business: **162 PALM CIRCLE MELBOURNE FL 32940**
 Mailing Address: **162 PALM CIRCLE MELBOURNE FL 32940**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State
 Zip Country

4. FEI Number **59-2962582**
 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MERCIER, WINSLOW F
162 PALM CIRCLE
MELBOURNE FL 32940

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **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 _____ DATE _____
Signature, typewritten print name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when registering)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, BARBARA	
STREET ADDRESS	101 PALM CIR	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ENGLER, FARA	
STREET ADDRESS	167 PALM CIR	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RUSH, RANDY	
STREET ADDRESS	127 PALM CIR	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	T	<input type="checkbox"/> Delete
NAME	MERCIER, WINSLOW JR	
STREET ADDRESS	162 PALM CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, GREGORY	
STREET ADDRESS	164 PALM CIR	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATERMAN, MARVIN	
STREET ADDRESS	105 PALM CIR	
CITY-ST-ZIP	MELBOURNE FL 32940	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARON SECORD	
STREET ADDRESS	163 PALM CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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.

SIGNATURE: *Winslow F. Mercier Jr* **WINSLOW F. MERCIER JR TREASURER 1/31/08**