


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2005 8:00 am
Secretary of State

08-05-2005 90002 025 ****61.25

DOCUMENT # N31402 1. Entity Name PALM ISLE MOBILE HOME ASSOCIATION, INC.					
Principal Place of Business 1560 CURLESS AVE. APOPKA, FL 32712 US			Mailing Address 682 MAITLAND AVE ALTAMONTE SPRINGS, FL 32701 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COLLING, LEE JAY 682 MAITLAND AVE ALTAMONTE SPRINGS, FL 32701				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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COCHRAN, BOB		NAME		
STREET ADDRESS	1548 CURLESS AVE		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32712		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GALLAGHER, JEANN		NAME		
STREET ADDRESS	1534 HAWAIIAN PALM		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32712		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOORE, PEGGY		NAME	TD JOYCE UPHAM	
STREET ADDRESS	1533 TROPIC ISLE		STREET ADDRESS	1562 TROPIC ISLE DRIVE	
CITY-ST-ZIP	APOPKA, FL 32712		CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLESSER, LILLIAN		NAME	SD DIANE SCHAAD	
STREET ADDRESS	1501 TROPIC ISLE		STREET ADDRESS	1518 CURLESS AVE	
CITY-ST-ZIP	APOPKA, FL 32712		CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLOSSER, LILLIAN		NAME		
STREET ADDRESS	1501 TROPIC ISLE		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32712		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHAAD, LESTER		NAME	D LESTER SCHAAD	
STREET ADDRESS	1517 CURLESS		STREET ADDRESS	1518 CURLESS AVE	
CITY-ST-ZIP	APOPKA, FL 32712		CITY-ST-ZIP	APOPKA, FL 32712	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Joyce A. Upham</u>			Date: <u>8-1-05</u>		Daytime Phone #: <u>407-814-1067</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
JOYCE A. UPHAM TD					

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08012005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2957501 Applied For Not Applicable

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