


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

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90174 042 ****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
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2. Principal Place of Business	3. Mailing Address 529 VERSAILLES DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 103
City & State	City & State MAITLAND FL.
Zip	Country
32751	ORANGE

1st MOORE	CR2E037 (10/05)
4. FEI Number 59-2957501	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COLLING, LEE JAY 682 MAITLAND AVE ALTAMONTE SPRINGS FL 32701	
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7. Name and Address of New Registered Agent	
Name COLLING, LEE JAY	
Street Address (P.O. Box Number is Not Acceptable) 529 VERSAILLES DRIVE	
SUITE 103	
City MAITLAND	FL
	Zip Code 32751

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COCHRAN, BOB 1548 CURLESS AVE APOPKA FL 32712 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GALLAGHER, JEANN 1534 HAWAIIAN PALM APOPKA FL 32712 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD UPHAM, JOYCE 1562 TROPIC ISLES DRIVE APOPKA FL 32712 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHAAD, DIANE 1518 CURLESS AVE APOPKA FL 32712 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAAD, LESTER 1518 CURLESS AVE APOPKA FL 32712 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, JACK 1502 TROPIC ISLE DRIVE APOPKA, FL. 32712 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, DON 1583 ALBY DRIVE APOPKA, FL 32712 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD UPHAM, JOYCE 1562 TROPIC ISLE DRIVE APOPKA, FL 32712 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHAAD, DIANE 1518 CURLESS AVE. APOPKA, FL 32712 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIACOMAZZI, MIKE 1522 HAWAIIAN PALM APOPKA, FL. 32712 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 _____ DATE _____