


## 2007 NOT-FOR-PROFIT CORPORATION

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90039 004 \*\*\*\*61.25

<b>DOCUMENT # N31402</b>			
1. Entity Name <b>PALM ISLE MOBILE HOME ASSOCIATION, INC.</b>			
Principal Place of Business <b>1560 CURLESS AVE. APOPKA, FL 32712 US</b>		Mailing Address <b>529 VERSAILLES DR STE 103 MAITLAND, FL 32751 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>1015 MAITLAND CENTER COMMONS</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>SUITE 110</b>	
City & State		City & State <b>MAITLAND, FLORIDA</b>	
Zip	Country	Zip	Country
<b>32751</b>	<b>USA</b>	<b>32751</b>	<b>USA</b>
4. FEI Number <b>59-2957501</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COLLING, LEE JAY 529 VERSAILLES DR STE 103 MAITLAND, FL 32751		Name <b>W. RICHARD THOREN</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>1015 MAITLAND CENTER COMMONS</b>	
		Suite <b>SUITE 110</b>	
		City <b>MAITLAND</b>	
		FL Zip Code <b>32751</b>	
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 <b>W. Richard Thoren</b>		DATE <b>2/9/07</b>	
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY- ST- ZIP	PD WILLIAMS, JACK 1502 TROPIC ISLE DR APOPKA, FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD MILLER, DON 1583 ALBY DR APOPKA, FL 32712 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD COCHRAN, ROBERT 1548 CURLESS AVE APOPKA, FL 32712 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD UPHAM, JOYCE 1562 TROPIC ISLE DR APOPKA, FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<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"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<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 type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	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 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.			
SIGNATURE: <b>Joyce Upham</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>2-8-07</b> 407-814-1067 Date-time Phone #	