


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 22, 2005 8:00 am
Secretary of State

06-22-2005 90077 033 ****61.25

DOCUMENT # N32754 1. Entity Name PALM VILLAGE RANCH HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business C/O TOM BLAIR 1200 SW 44TH BLVD OKEECHOBEE FL 34974		Mailing Address C/O TOM BLAIR 1200 SW 44TH BLVD OKEECHOBEE FL 34974	
2. Principal Place of Business 1200 SW 44th Blvd Suite, Apt. #, etc.		3. Mailing Address 1200 SW 44th Blvd Suite, Apt. #, etc.	
City & State Okeechobee, FL Zip 34974		City & State Okeechobee, FL Zip 34974	
Country USA		Country USA	
4. FEI Number 65-0172595		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 BLAIR, TOM 1200 SW 44TH BLVD OKEECHOBEE FL 34974		7. Name and Address of New Registered Agent Name Alan Schwartz Street Address (P.O. Box Number is Not Acceptable) 1200 SW 44th Blvd City Okeechobee FL Zip Code 34974	
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 <i>Alan Schwartz</i> 06/17/05 DATE			
FILE NOW: FEE IS \$61.25 Due By May 1, 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 BLAIR, TOM 1200 SW 44TH BLVD OKEECHOBEE FL	<input checked="" type="checkbox"/> Delete	TITLE P, D Herbert D. Wells 1200 SW 44th Blvd Okeechobee, FL 34974
NAME			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	STD BLAIR, MARY ANN 1200 SW 44TH BLVD OKEECHOBEE FL	<input checked="" type="checkbox"/> Delete	TITLE S, D Alan Schwartz 1200 SW 44th Blvd Okeechobee, FL 34974
NAME			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D LESPERANCE, ALFRED 1200 SW 44TH BLVD OKEECHOBEE FL	<input checked="" type="checkbox"/> Delete	TITLE T, D Barbara Bolling 1200 SW 44th Blvd Okeechobee, FL 34974
NAME			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	VD KNIGHT, NORWOOD 1200 SW 4TH BLVD OKEECHOBEE FL 34974	<input checked="" type="checkbox"/> Delete	TITLE V, D Forrest Plants 1200 SW 44th Blvd Okeechobee, FL 34974
NAME			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
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: <i>Forrest Plants</i>		06/17/05 (863) 763-0948	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	