


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90031 041 ****61.25

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|--|---|--|--|--|--|
| DOCUMENT # N32754 1. Entity Name PALM VILLAGE RANCH HOMEOWNERS ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 1200 SW 44TH BLVD OKEECHOBEE, FL 34974 | | | Mailing Address 1200 SW 44TH BLVD OKEECHOBEE, FL 34974 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-0172595 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| - 6. Name and Address of Current Registered Agent - | | | | 7. Name and Address of New Registered Agent - | |
| SMITS, RHONDA 1200 SW 44TH BLVD OKEECHOBEE, FL 34974 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 WELLS, HERBERT D 1200 SW 44TH BLVD OKEECHOBEE, FL 34974 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD SMITS, RHONDA 1200 SW 44TH BLVD OKEECHOBEE, FL 34974 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD BOLLING, BARBARA 1200 SW 44TH BLVD OKEECHOBEE, FL 34974 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D FRITZ, CARL 1200 SW 4TH BLVD OKEECHOBEE, FL 34974 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D RENNIE, WILLIAM 1200 SW 44TH BLVD OKEECHOBEE, FL 34974 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD SLASKY, JERRY 1200 SW 44TH BLVD OKEECHOBEE, FL 34974 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Stinson, Ken 1200 SW 44th Blvd. Okeechobee, FL 34974 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Yoder, Marilyn 1200 SW 44th Blvd. Okeechobee, FL 34974 | <input type="checkbox"/> Change <input checked="" 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: <i>Rhonda J. Smits</i> RHONDA J. SMITS 2/4/08 863-763-3636 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |