

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

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90039 048 ****61.25

DOCUMENT # N33516

1. Entity Name

PALM COVE ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

1145 PALM COVE DR
ORLANDO FL 32835
US

Mailing Address

C/O LIGHTHOUSE MGMT
PO BOX 0774
WINDERMERE FL 34786-0774
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

3225659
59-2228412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEAN, PAUL L
WEAN & MALCHOW, P.A.
646 E. COLONIAL DR
ORLANDO FL 32803

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

Signature, typed or printed name of registered agent and title if applicable

(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. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WEAS, TOBY	
STREET ADDRESS	1103 LAKE LEGRO COURT	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, DOTTIE	
STREET ADDRESS	8426 ISLAND PALM CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WENTLEY, ANITA	
STREET ADDRESS	836 ISLAND PALM DR	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRITS, FERDI	
STREET ADDRESS	1176 PALM COVE DR.	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MANNEY, PATRICK	
STREET ADDRESS	1152 PALM COVE DR.	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HUMPHREYS, WESLEY	
STREET ADDRESS	1145 PALM COVE DR	
CITY-ST-ZIP	ORLANDO FL 32835	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREA WITHINGTON	
STREET ADDRESS	842 PALM COVE DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICK HUBER	
STREET ADDRESS	831 PALM COVE DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

05-30-06