


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90016 016 ****61.25

DOCUMENT # N33516 1. Entity Name PALM COVE ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1145 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 - No P.O. Box # 842 PALM COVE DR		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3225659	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEAN, PAUL L WEAN & MALCHOW, P.A. 646 E. COLONIAL DR ORLANDO FL 32803				7. Name and Address of New Registered Agent 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 re-registering) DATE _____					
FILE NOW: 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	DP WITHINGTON, ANDREA 842 PALM COVE DR ORLANDO FL 32835	<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 MOORE, DOTTIE 8426 ISLAND PALM CIRCLE ORLANDO FL 32835	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D DINNIE, DAVE 806 PALM COVE DR ORLANDO, FL 32835 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	SD WENTLEY, ANITA 836 ISLAND PALM DR ORLANDO FL 32835	<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	TD BRITS, FERDI 1176 PALM COVE DR. ORLANDO FL 32835	<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 HUBER, RICK 831 PALM COVE DR ORLANDO FL 32835	<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	VPD HUMPHREYS, WESLEY 1145 PALM COVE DR ORLANDO FL 32835	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D JOSE MARQUES 111 LAKE LEGRO CT ORLANDO FL 32835 <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 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: <i>Andrea Withington</i> President			Date: <i>2.19.07</i> Daytime Phone #: <i>407.873.2439</i>		