

**2007 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

**DOCUMENT # N36964**

1. Entity Name  
**PALM SHORES MOBILE ESTATES II, INC.**



Principal Place of Business  
**1 EAST LANE  
LAKE ALFRED, FL 33850 US**

Mailing Address  
**15 EAST LANE  
LAKE ALFRED, FL 33850 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03222007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3011516**

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

**COLLING, LEE JAY  
529 VERSAILLES DR  
SUITE 103  
MAITLAND, FL 32751**

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

Amended AR is \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **SCHILLER, RADUS E**  
STREET ADDRESS **15 EAST LANE**  
CITY-ST-ZIP **LAKE ALFRED, FL 33850**

TITLE ☐ Change ☐ Addition  
NAME **700097292487**  
STREET ADDRESS **04/18/07--01005--002 \*\*61.25**  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **BEDELL, LILLIAN**  
STREET ADDRESS **112 TRAVEL LANE**  
CITY-ST-ZIP **LAKE ALFRED, FL 33850**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☒ Delete  
NAME **BONNIE, JUDY**  
STREET ADDRESS **72 WEST LANE**  
CITY-ST-ZIP **LAKE ALFRED, FL 33850**

TITLE **S** ☐ Change ☒ Addition  
NAME **CAROL WILLIAMS**  
STREET ADDRESS **43 EAST LA.**  
CITY-ST-ZIP **LAKE ALFRED, Florida 33850**

TITLE **T** ☐ Delete  
NAME **GESCHWENDER, PAUL**  
STREET ADDRESS **65 EAST LANE**  
CITY-ST-ZIP **LAKE ALFRED, FL 33850**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DV** ☒ Delete  
NAME **MCKINNEY, ART**  
STREET ADDRESS **106 TRAVEL LANE**  
CITY-ST-ZIP **LAKE ALFRED, FL 33850**

TITLE **DV** ☒ Change ☐ Addition  
NAME **Bonnie Judy**  
STREET ADDRESS **72 West LA.**  
CITY-ST-ZIP **LAKE ALFRED Florida 33850**

TITLE **DV** ☒ Delete  
NAME **SCHILLER, DELBERT**  
STREET ADDRESS **6 EAST LANE**  
CITY-ST-ZIP **LAKE ALFRED, FL 33850**

TITLE **DV** ☐ Change ☒ Addition  
NAME **Jerry Ingle**  
STREET ADDRESS **78 West LA.**  
CITY-ST-ZIP **LAKE ALFRED Florida 33850**

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:

*Paul T. Geschwender*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 9, 2007* 585-928-2547  
Date Daytime Phone

*7/4/16*