

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90043 038 ****61.25

DOCUMENT # N36964
 1. Entity Name
 PALM SHORES MOBILE ESTATES II, INC.



Principal Place of Business *EAST & WEST* Mailing Address
~~1 EAST LANE~~ *4 TRAVEL LANES* ~~15 EAST LANE~~
 LAKE ALFRED FL 33850 LAKE ALFRED FL 33850
 US US



2. Principal Place of Business - No P.O. Box #
118 TRAVEL LANE
 Suite, Apt. #, etc.

3. Mailing Address
118 TRAVEL LANE
 Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State
LAKE ALFRED, FL. *LAKE ALFRED FL.*
 Zip Country Zip Country
33850 POLK 33850 POLK

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

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 x *Chai P. Bauer* (NOTE: Registered Agent signature (no street when reinstating)) DATE *March 26, 2008*

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 P	<input checked="" type="checkbox"/> Delete
NAME SCHILLER, RADUS E	
STREET ADDRESS 15 EAST LANE	
CITY-ST-ZIP LAKE ALFRED FL 33850	
TITLE V	<input checked="" type="checkbox"/> Delete
NAME BEDELL, LILLIAN	
STREET ADDRESS 112 TRAVEL LANE	
CITY-ST-ZIP LAKE ALFRED FL 33850	
TITLE S	<input checked="" type="checkbox"/> Delete
NAME WILLIAMS, CAROL	
STREET ADDRESS 43 EAST LA.	
CITY-ST-ZIP LAKE ALFRED FL 33850	
TITLE T	<input type="checkbox"/> Delete
NAME GESCHWENDER, PAUL	
STREET ADDRESS 65 EAST LANE (63)	
CITY-ST-ZIP LAKE ALFRED FL 33850	
TITLE DV	<input checked="" type="checkbox"/> Delete
NAME JUDY, BONNIE	
STREET ADDRESS 72 WEST LA.	
CITY-ST-ZIP LAKE ALFRED FL 33850	
TITLE DV	<input checked="" type="checkbox"/> Delete
NAME JINGLE, JERRY	
STREET ADDRESS 70 WEST LA	
CITY-ST-ZIP LAKE ALFRED FL 33850	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CLAIR BAYER	
STREET ADDRESS 118 TRAVEL LANE	
CITY-ST-ZIP LAKE ALFRED Florida 33850	
TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME EVERETT LEE	
STREET ADDRESS 4 EAST LANE	
CITY-ST-ZIP LAKE ALFRED, Florida 33850	
TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MARY EBMEYER	
STREET ADDRESS 56 EAST LANE	
CITY-ST-ZIP LAKE ALFRED Florida 33850	
TITLE SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE Delete	<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: x *Chai P. Bauer* (NOTE: Registered Agent signature (no street when reinstating)) DATE *March 26, 2008*