2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2008 8:00 am
Secretary of State
07-30-2008 90028 007 ****61.25

DOCUMENT # N39711

1. Entity Name
PALM LAKES SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8352 PALM LAKES CT. SARASOTA, FL 34243 US	P.O. BOX 1719 TALLEVAST, FL 34270 US

QU116033

07272008 Chg-NP CR2E037 (12/05)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8436 Palm Lakes Ct	P.O. Box 1719
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, FL	City & State: Tallevast, FL
Zip: 34243 Country: USA	Zip: 34270 Country: USA

4. FEI Number: 65-0214832 ☐ 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
ADKINS, CHERI 8352 PALM LAKES CT. SARASOTA, FL 34243	Name: Lori Summers Street Address (P.O. Box Number is Not Acceptable): 8436 Palm Lakes Ct City: Sarasota FL Zip Code: 34243

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: Lori Summers Lori Summers 7-27-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 12, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ADKINS, CHERI 8352 PALM LAKES CT. SARASOTA, FL 34243	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Ron Andrasi 8359 Palm Lakes Ct Sarasota, FL 34243	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GROG, RAY E 5305 GARDENS SARASOTA, FL 34243	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Lori Summers 8436 Palm Lakes Ct Sarasota, FL 34243	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COGSWELL, MICHAEL M 5306 GARDENS DRIVE SARASOTA, FL 34243	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Dominic Frazzoni 5317 Gardens Dr Sarasota, FL 34243	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Lori Summers Lori Summers 7-27-08 941-374-4012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #