

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39795

FILED
Apr 12, 2005
Secretary of State

Entity Name: THE PALMS HOMEOWNERS ASSOCIATION OF JACKSONVILLE, INC.

Current Principal Place of Business:

2749 KELSEY PLACE
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

Current Mailing Address:

2733 KELSEY PL
JACKSONVILLE, FL 32257 US

New Mailing Address:

FEI Number: 59-3042746

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, WILLIAM ESQ
1 INDEPENDENT DR
3131
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: FOSHEE, PATE,
Address: 2733 KELSEY PL
City-St-Zip: JACKSONVILLE, FL 32257

Title: DVP () Delete
Name: CASTO, DOUG
Address: 2749 KELSEY PL
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: HECHT, STUART
Address: 2727 KELSEY PL
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: FERMAN, HEATHER
Address: 2789 KELSEY PL
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN P FOSHEE

DPST

04/12/2005

Electronic Signature of Signing Officer or Director

Date