

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 23, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # N45535**

1. Entity Name

PALMETTO RIDGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

506-106TH AVE N  
NAPLES, FL 34108

Mailing Address

506-106TH AVE N  
NAPLES, FL 34108



01152006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

65-0402594

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

LIEBERFARB, STANLEY J  
1100 5TH AVE S STE 405  
NAPLES, FL 34102

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LAGRASTA, DOMENICO
STREET ADDRESS	506-106TH AVE N
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	D
NAME	LAGRASTA, MARIA
STREET ADDRESS	506-106TH AVE N
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	D
NAME	LIEBERFARB, STANLEY J
STREET ADDRESS	1100 5TH AVE STE 405
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000395757  
01/27/06-80005-012 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** *Maria La Grasta* MARIA LA GRASTA VP.

1-17-06

239-592-5850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #