


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90190 011 \*\*\*\*61.25

<b>DOCUMENT # N46146</b> 1. Entity Name <b>PALM ISLAND NORTH PROPERTY OWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>7092 PLACIDA RD CAPE HAZE, FL 33946 US</b>			Mailing Address <b>7092 PLACIDA RD CAPE HAZE, FL 33946 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04222005 Chg-NP CR2E037 (10/03)	
4. FEI Number <b>65-0344275</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>TAYLOR, KEN 7092 PLACIDA RD CAPE HAZE, FL 33946</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee Is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVER, ART		NAME	ALIER, ART	
STREET ADDRESS	667 LANGTON		STREET ADDRESS	667 Langton	
CITY-ST-ZIP	SAINT LOUIS, MO 63105		CITY-ST-ZIP	St. Louis, mo 63105	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOERFLING, DANIEL		NAME	WARREN MATHEWS	
STREET ADDRESS	5009 TAMPA WEST BLVD		STREET ADDRESS	7092 PLACIDA RD	
CITY-ST-ZIP	TAMPA, FL 33634		CITY-ST-ZIP	CAPE HAZE, FL 33946	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIES, JIM		NAME	Hebble, Charles	
STREET ADDRESS	80 FLORAL AVE		STREET ADDRESS	P.O. Box 161	
CITY-ST-ZIP	MURAY HILL, NJ 07974		CITY-ST-ZIP	South Ryegate, VT 05069-0161	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADION, CARL		NAME	Madion, Carl	
STREET ADDRESS	11710 N BLUFF		STREET ADDRESS	11710 N. Bluff	
CITY-ST-ZIP	TRAVERSE CITY, MI 49686		CITY-ST-ZIP	Traverse City, MI 49686	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILEY, HENRY		NAME	Wiley, Henry	
STREET ADDRESS	16801 MILLAN DE AVILA		STREET ADDRESS	910 S. Himes Ave.	
CITY-ST-ZIP	TAMPA, FL 33613		CITY-ST-ZIP	Tampa, FL 33629	
TITLE	D	<input checked="" type="checkbox"/> ADD <input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVE MORRIS		NAME	Hock, Don	
STREET ADDRESS	7092 PLACIDA RD.		STREET ADDRESS	Box 3115	
CITY-ST-ZIP	CAPE HAZE, FL 33946		CITY-ST-ZIP	Placida, FL 33946	
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE:</b> <i>Imate Hummon</i>			4/25/05 941-697-6996		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		