

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90054 004 ****61.25

DOCUMENT # N93000005658

1. Entity Name

PALM LAKE SOCIAL CLUB, INC.



Principal Place of Business

112 LANTANA LANE
 PARRISH FL 34219
 US

Mailing Address

112 LANTANA LANE
 PARRISH FL 34219
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0452977

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

MUFFLEY, PATRICIA
 221 BOUGAINVILLEA LN
 PARRISH FL 34219

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

Patricia Muffley

2-5-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
VD	BERWICK, JOYCE	233 TIGER LILLY DR.	PARRISH FL 34219	<input checked="" type="checkbox"/>
PD	MCINTOSH, JAMES R	134 JUNIPER TRACE	PARRISH FL 34219	<input checked="" type="checkbox"/>
SD	HALL, CAROL	117 ALAMANDA LN	PARRISH FL 34219	<input type="checkbox"/>
TD	MUFFLEY, PATRICIA	221 BOUGAINVILLEA LN	PARRISH FL 34219	<input type="checkbox"/>
D	HOWINGTON, RONALD	122 ALAMANDA LANE	PARRISH FL 34219	<input checked="" type="checkbox"/>
	PA Dorothy Reese	137 Tiger Lilly	PARRISH, FL 34219	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
VD	Ed McWain	125 Begonia TERR	PARRISH FL 34219	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Bill Bonnett	190 Palm Bougainvillea LN	PARRISH, FL 34219	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	DIANE STEINMAN	104 Orchid View DR	PARRISH, FL 34219	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Paul Hodges	109 Palm	PARRISH, FL 34219	<input type="checkbox"/>	<input type="checkbox"/>
PD	Dorothy Reese	137 Tiger Lilly	PARRISH FL 34219	<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #