


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90034 044 \*\*\*\*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: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

  
1st MOORE CR2E037 (10/04)  
4. FEI Number **65-0452977** Applied For Not Applicable

6. Name and Address of Current Registered Agent  
**MUFFLEY, PATRICIA  
221 BOUGAINVILLE LN  
PARRISH FL 34219**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
Name: **DICK COURTEMANCHE**  
Street Address (P.O. Box Number is Not Acceptable):  
**143 JUNIPER TRACE**  
City: **PARRISH FL** Zip Code: **34219**

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]* **2-4-05**  
DATE

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: <b>VD</b> <input checked="" type="checkbox"/> Delete	NAME: <b>MCWAIN, ED</b> STREET ADDRESS: <b>125 BEGONIA TERR.</b> CITY-ST-ZIP: <b>PARRISH FL 34219</b>
TITLE: <b>D</b> <input type="checkbox"/> Delete	NAME: <b>BONNETT, BILL</b> STREET ADDRESS: <b>191 BOUGAINVILLE LANE</b> CITY-ST-ZIP: <b>PARRISH FL 34219</b>
TITLE: <b>D</b> <input type="checkbox"/> Delete	NAME: <b>STEINMAN, DIANE</b> STREET ADDRESS: <b>104 ORACHARDVIEW DR.</b> CITY-ST-ZIP: <b>PARRISH FL 34219</b>
TITLE: <b>D</b> <input checked="" type="checkbox"/> Delete	NAME: <b>HODGES, PAUL</b> STREET ADDRESS: <b>109 PALM</b> CITY-ST-ZIP: <b>PARRISH FL 34219</b>
TITLE: <b>PD</b> <input checked="" type="checkbox"/> Delete	NAME: <b>REESE, DOROTHY</b> STREET ADDRESS: <b>137 TIGER LILLY</b> CITY-ST-ZIP: <b>PARRISH FL 34219</b>
TITLE: <input type="checkbox"/> Delete	NAME: STREET ADDRESS: CITY-ST-ZIP: 

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <b>JIM MCINTOSH</b> STREET ADDRESS: <b>134 JUNIPER TRACE</b> CITY-ST-ZIP: <b>PARRISH FL 34219</b>
TITLE: <b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <b>DON HOCK</b> STREET ADDRESS: <b>219 Hibiscus Way</b> CITY-ST-ZIP: <b>PARRISH FL 34219</b>
TITLE: <b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>DIANE STEINMAN</b> STREET ADDRESS: <b>104 ORCHID VIEW DR.</b> CITY-ST-ZIP: <b>PARRISH FL 34219</b>
TITLE: <b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <b>DICK COURTEMANCHE</b> STREET ADDRESS: <b>143 JUNIPER TRACE</b> CITY-ST-ZIP: <b>PARRISH FL 34219</b>
TITLE: <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <b>RONALD HOWINGTON</b> STREET ADDRESS: <b>122 ALAMANDA LANE</b> CITY-ST-ZIP: <b>PARRISH FL 34219</b>
TITLE: <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <b>PAT RYAN</b> STREET ADDRESS: <b>109 JUNIPER TRACE</b> CITY-ST-ZIP: <b>PARRISH FL 34219</b>

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]* **DICK COURTEMANCHE** **2-4-05** **941-776-9085**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #