2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000005658

FILED Feb 08, 2006 8:00 am Secretary of State

02-08-2006 90006 015 ****61 25

1. Entity Name PALM LAKE S	SOCIAL CLUB, INC	;.							
Principal Place of Business		Mailing Address	Mailing Address						
112 LANTANA LANE Parrish, Fl. 34219 US		112 LANTANA LANE Parrish, Fl. 34219							
						Mim es im i	79 BETUR BATT		ETTI IEMEI IN MEI
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #. etc.		Suite. Apt. #, etc.	Suite, Apt. #, etc.		02062006	Chg-NP	CR2	E037 (11	/05)
City & State		City & State	City & State		4. FEI Numbe				Applied For
					65-0452	2977			Not Applicable
Zip	Country	Zρ	Count	ry	5. Certificate	of Status Desired			5 Additional equired
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
COURTEMANO	HE DICK			Name	-		_		
143 JUNIPER TRACE PARRISH, FL 34219				Street Address (P.O. Box Number is Not Acceptable)					
	· .			City				L Zi	p Code
8 The second				- (1)					
the obligations of	registered agent	ten for the purpose of changing its		ornce or register	ed agent, or both	n. In the State of Fli	_	m familia: 6-0	

SIGNATURE Sophure: head of a state and the Table Control of the state											
	Filing Fee is \$61.25 Due by May 1, 2006		paign Financing ontribution.	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State						
10.	OFFICERS AND DIRECTOR	RS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND D	IRECTORS IN	10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCINTOSH, JIM 134 JUNIPER TRACE PARRISH, FL 34219	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KIMBALL B 110 HEATH PARRISH F		☐ Change	Addition				
TITLE HAME STREET ADDRESS CITY-ST-ZIP	D BONNETT, BILL 191 BOUGAINVILLEA LANE PARRISH, FL 34219	⊠ Delete	TITLE KAME STREET ADDRESS CITY-ST-ZIP	DEB DAUGH 121 HEATH PARRISH F	EPTY EP LAHE	☐ Change	Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEINMAN, DIANE 104 ORCHID VIEW DR PARRISH, FL 34219	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAT RYAN 109 JUNIP PAÈRISH	ELTRACE	☐ Change	⊠ Add tion				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COURTEMANCHE, DICK 143 JUNIPER TRACE PARRISH, FL 34219	☐ Defete	TITLE HAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition				
NAME STREET ADDRESS CITY-53-ZIP	D HOWINGTON, RONALD 122 ALAMANDA LANE PARRISH, FL 34219	☐ Delete	TITLE KAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOCK, DON 219 HIBISCUS WAY PARRISH, FL 34219	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ī		☐ Change	Addition				

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 it 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