


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 13, 2007 8:00 am**  
**Secretary of State**

07-13-2007 90085 030 \*\*\*\*66.25

**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 - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip Country  
 Zip Country



07052007 Chg-NP CR2E037 (12/06)

**6. Name and Address of Current Registered Agent**

**COURTEMANCHE, DICK  
 143 JUNIPER TRACE  
 PARRISH, FL 34219**

**7. Name and Address of New Registered Agent**

Name **ED PARQUETTE**

Street Address (P.O. Box Number is Not Acceptable)  
**226 PALM BLVD**

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 *Ed Paquette TD* **7-5-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**Filing Fee is \$61.25  
 Due by September 14, 2007**

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	PD MCINTOSH, JIM 134 JUNIPER TRACE PARRISH, FL 34219	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAUGHERTY, DEB 121 HEATHER LN. PARRISH, FL 34219	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RYAN, PAT 109 JUNIPER TRACE PARRISH, FL 34219	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COURTEMANCHE, DICK 143 JUNIPER TRACE PARRISH, FL 34219	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWINGTON, RONALD 122 ALAMANDA LANE PARRISH, FL 34219	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOCK, DON 219 HIBISCUS WAY PARRISH, FL 34219	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SD</del> Kim BALL BROOKS 110 HEATHER, LN PARRISH, FL 34219	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEN mcevoy 120 JUNIPER TRACE PARRISH, FL 34219	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ED PARQUETTE 226 PALM BLVD PARRISH, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUSAN BILLIAM 151 PALM BLVD PARRISH, FL 34219	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ed Paquette TD* **7-5-07** **741-531-4398**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ADDITION

PAGE #2

ATTACHMENT 40124821

# N93 000005658

TITLE D

NAME MARILYN KENNIE

ADDRESS 120 TIGER LILLY DR

CITY-ST.-ZIP PARRISH, FL 34219