

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90367 009 \*\*\*\*61.25

<b>DOCUMENT # N94000000168</b>					
<b>1. Entity Name</b> PALM ISLE NEIGHBORHOOD HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> C/O PEGASUS 17595 S. TAMiami TRAIL #100 FORT MYERS, FL 33908			<b>Mailing Address</b> C/O PEGASUS 17595 S. TAMiami TRAIL #100 FORT MYERS, FL 33908		
<b>2. Principal Place of Business</b> 6700 Winkler Rd Suite, Apt. #, etc. #2		<b>3. Mailing Address</b> same Suite, Apt. #, etc.			
City & State Ft. Myers, FL		City & State		<b>4. FEI Number</b> 65-0508306	
Zip 33919		Country US		City Ft. Myers	
State FL		Zip Code 33919		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> EATON, THOMAS E 17595 - 100 S. TAMiami TRAIL FORT MYERS, FL 33908			<b>7. Name and Address of New Registered Agent</b> Name: Alliant Property Mgmt Street Address (P.O. Box Number is Not Acceptable): 6700 Winkler Rd #2 City: Ft. Myers, FL, Zip Code: 33919		
<b>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.</b>					
SIGNATURE: <i>Jack Strohm</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		JACK STROHM <small>(NOTE: Registered Agent signature required when reinstating)</small>		4.10.06 <small>DATE</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> 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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> VPD <b>NAME</b> BARKER, DANI <b>STREET ADDRESS</b> 15146 PALM ISLE DR. <b>CITY-ST-ZIP</b> FORT MYERS, FL 33919	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> D <b>STREET ADDRESS</b> D <b>CITY-ST-ZIP</b> D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> GORMAN, CINDY <b>STREET ADDRESS</b> 15148 PALM ISLE DR <b>CITY-ST-ZIP</b> FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> Donald Streck <b>STREET ADDRESS</b> 16881 Trapper Ln. <b>CITY-ST-ZIP</b> Barnstable Lakes, MA 01930	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> NORRIS, MARY LYNN <b>STREET ADDRESS</b> 15140 PALM ISLE DR. <b>CITY-ST-ZIP</b> FORT MYERS, FL 33919	<input type="checkbox"/> Delete		<b>TITLE</b> VP <b>NAME</b> VP <b>STREET ADDRESS</b> VP <b>CITY-ST-ZIP</b> VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> CIARAMELLA, DAN <b>STREET ADDRESS</b> 15114 PALM ISLE DR. <b>CITY-ST-ZIP</b> FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> T <b>NAME</b> Ron Woodley <b>STREET ADDRESS</b> 4226 Fairview Rd. <b>CITY-ST-ZIP</b> Castile, NY 14427	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> DVO <b>NAME</b> BECHLER, CHARLES <b>STREET ADDRESS</b> 15164 PALM ISLE DR <b>CITY-ST-ZIP</b> CAPE CORAL, FL 33909	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Sandra Stephen <b>STREET ADDRESS</b> 15201 Palm Isle Dr. <b>CITY-ST-ZIP</b> Ft. Myers, FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> DONALD STRECK <b>STREET ADDRESS</b> 15152 PALM ISLE DRIVE <b>CITY-ST-ZIP</b> FORT MYERS, FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Donald Streck</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4.17.06 <small>Date</small>		
<small>Daytime Phone #</small>					