

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000001860**

1. Entity Name  
**PALM COURT VILLAS HOMEOWNERS ASSOCIATION,  
INC.**



Principal Place of Business  
**3937 SILVER PALM DR  
VERO BEACH, FL 32963 US**

Mailing Address  
**3937 SILVER PALM DR  
VERO BEACH, FL 32963 US**



03052006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0599220**

Applied For  
**Not Applicable**

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

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

**BOOTH, ROBERT F  
3937 SILVER PALM DR  
VERO BEACH, FL 32963**

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	STD
NAME	BOOTH, ROBERT F
STREET ADDRESS	3937 SILVER PALM DR
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	PD
NAME	GRANT, MCLEAN
STREET ADDRESS	3939 SILVER PALM DRIVE
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	VD
NAME	STILLEY, ROBERT J
STREET ADDRESS	3933 SILVER PALM DR.
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000459190  
03/18/06-80021-018 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERT F BOOTH**

**03/06/2006**

**TD-234-0444**

DATE

Daytime Phone #