


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000001860</b> 1. Entity Name <b>PALM COURT VILLAS HOMEOWNERS ASSOCIATION, INC.</b>	
---	---

Principal Place of Business <b>3937 SILVER PALM DR VERO BEACH, FL 32963 US</b>	Mailing Address <b>3937 SILVER PALM DR VERO BEACH, FL 32963 US</b>
---	---

**DO NOT WRITE IN THIS SPACE**



01052008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0599220</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

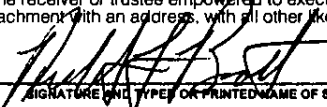
10. OFFICERS AND DIRECTORS

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

U000000795941  
01/29/08-80012-013 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**

01-22-08 772-234-0444  
Date Daytime Phone #