

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90023 015 ****61.25

DOCUMENT # N95000004163					
1. Entity Name PALM POINTE/PALM ISLES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 2255 PALM CITY, FL 34991			Mailing Address P.O. BOX 2255 PALM CITY, FL 34991		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01222004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 65-0645600	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROSS, DEBORAH L ESQ. CORNETT, GOOGE, ROSS & EARLE, P.A. 401 E. OSCEOLA STREET STUART, FL 34994			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VP	NAME BURKHARDT, ALAN	<input checked="" type="checkbox"/> Delete	TITLE PRESIDENT	NAME DENNIS MADEBACH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3454 SW COCO PALM DRIVE	CITY-ST-ZIP PALM CITY, FL 34990		STREET ADDRESS 3412 SW COCO PALM DRIVE	CITY-ST-ZIP PALM CITY FL 34990	
TITLE PD	NAME MADEBACH, DENNIS	<input checked="" type="checkbox"/> Delete	TITLE VICE PRESIDENT	NAME CHRISTOPHER KELLER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3412 COCO PALM DRIVE	CITY-ST-ZIP PALM CITY, FL 34990		STREET ADDRESS 3177 SW SOLITAIRE DRIVE	CITY-ST-ZIP PALM CITY FL 34990	
TITLE TD	NAME WELAND, JOHN	<input checked="" type="checkbox"/> Delete	TITLE TREASURER	NAME JOHN WELAND	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2418 COCO PALM DRIVE	CITY-ST-ZIP PALM CITY, FL 34990		STREET ADDRESS 3418 SW COCO PALM DRIVE	CITY-ST-ZIP PALM CITY FL 34990	
TITLE SD	NAME HIERHOLZER, ROBERT	<input checked="" type="checkbox"/> Delete	TITLE SECRETARY	NAME ROBERT HIERHOLZER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3130 SW SOLITAIRE PALM DR	CITY-ST-ZIP PALM CITY, FL 34990		STREET ADDRESS 3130 SW SOLITAIRE PALM DRIVE	CITY-ST-ZIP PALM CITY FL 34990	
TITLE D	NAME ROLANDO, TOM	<input checked="" type="checkbox"/> Delete	TITLE DIRECTOR	NAME VICKI PLUMMER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2903 POND WAY	CITY-ST-ZIP PALM CITY, FL 34990		STREET ADDRESS 3136 SW SOLITAIRE PALM DRIVE	CITY-ST-ZIP PALM CITY FL 34990	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i> PRESIDENT, PPHOA 2/5/04 772-344-4103					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					