
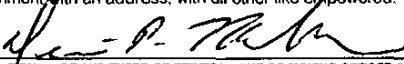


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90328 045 \*\*\*\*61.25

<b>DOCUMENT # N95000004163</b> 1. Entity Name <b>PALM POINTE/PALM ISLES HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>P.O. BOX 2255 PALM CITY, FL 34991</b>			Mailing Address <b>P.O. BOX 2255 PALM CITY, FL 34991</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0645600</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ROSS, DEBORAH L ESQ. CORNETT, GOOGE, ROSS &amp; EARLE, P.A. 401 E. OSCEOLA STREET STUART, FL 34994</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing 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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MADEBACH, DENNIS</b>		NAME		
STREET ADDRESS	<b>3412 SW COCO PALM DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PALM CITY, FL 34990</b>		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>KELLER, CHRISTOPHER</b>		NAME	<b>WILLIAM VACCARO</b>	
STREET ADDRESS	<b>3177 SW SOLITAIRE DRIVE</b>		STREET ADDRESS	<b>3082 SW SOLITAIRE PALM WAY</b>	
CITY-ST-ZIP	<b>PALM CITY, FL 34990</b>		CITY-ST-ZIP	<b>PALM CITY, FL 34990</b>	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WELAND, JOHN</b>		NAME		
STREET ADDRESS	<b>3418 SW COCO PALM DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PALM CITY, FL 34990</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HIERHOLZER, ROBERT</b>		NAME		
STREET ADDRESS	<b>3130 SW SOLITAIRE PALM DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PALM CITY, FL 34990</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>PLUMMER, VICKI</b>		NAME	<b>Thomas Rolando</b>	
STREET ADDRESS	<b>3136 SW SOLITAIRE PALM DRIVE</b>		STREET ADDRESS	<b>2903 SW Pond Way</b>	
CITY-ST-ZIP	<b>PALM CITY, FL 34990</b>		CITY-ST-ZIP	<b>Palm City FL 34990</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>APRIL 14, 2005</b> <b>344-4103</b> <small>Date Daytime Phone #</small>		
<b>DENNIS P. MADEBACH</b>					

**50039606**



01282005 Chg-NP CR2E037 (10/03)