2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000005558

1. Entity Name
PALM TREE HARBOR HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 182 ST. JAMES CITY, FL 33956	PO BOX 182 ST. JAMES CITY, FL 33956

01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0641700
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ESLINGER, RAY
3521 SEA HOLLY LANE
ST. JAMES CITY, FL 33956

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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: Ray Eslinger RAY ESLINGER 2-1-06
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

000000424024
02/18/06-80024-022 61.25

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	ESLINGER, RAY
STREET ADDRESS	3531 SEA HOLLY LANE
CITY-ST-ZIP	ST. JAMES CITY, FL 33956
TITLE	VD
NAME	ESLINGER, SUE
STREET ADDRESS	3531 SEA HOLLY LN
CITY-ST-ZIP	ST JAMES CITY, FL 33956
TITLE	TSD
NAME	ESLINGER, RAY
STREET ADDRESS	3531 SEA HOLLY LANE
CITY-ST-ZIP	ST. JAMES CITY, FL 33956
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Ray Eslinger RAY ESLINGER 2-1-06 239-283-7849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #